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ABSTRACT

Major changes affecting New York City's homeless poor in the past 15 months are assessed in this follow-up study to a research project which a year earlier had examined the problems of homeless adults in the city and had made recommendations to deal with these problems. Data were collected through informal interviews, surveys, and observations. Major changes which were found include the following: (1) the Callahan suit, a landmark case settled in the New York State Supreme Court, recognized the right to shelter and set guidelines for the provision of public shelter; (2) the public shelter system has been expanded; (3) there has been a remarkable increase in the number of homeless people applying for public shelter; (4) the mental health dimensions of homelessness are now being recognized; (5) accounts of the homeless poor in the mass media have been more frequent, more accurate, and more sympathetic; (6) the public seems more aware of and better disposed towards the homeless poor; and (7) many groups have emerged as vocal advocates for the homeless. The assessment report concludes with a discussion of policy implications and recommendations for city and state governments. The appendix contains the Callahan Consent Decree. (RM)

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ONE YEAR LATER

The Homeless Poor in New York City, 1982

Kim Hopper
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June, 1982

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When we approach the vagrant in the spirit of charity, we are merely advertising ourselves in order to seduce him into our ideology; when we approach him juridically, we are trying to justify ourselves by means of his annihilation. He shows us our weaknesses, and he shows us the utter equivocation of our morality. We cannot in good faith say that he is as he is because he is wicked; because we know only too well the ethical poverty of our own more successful practice. Our safest bet is to call him mad.

Philip O'Connor, Britain in the Sixties: Vagrancy, 1963

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INTRODUCTION

In July of 1979, the Community Service Society initiated a field study of the "maintenance" (or survival) needs of the chronically mentally disabled living in the community. For six months, two of the present authors (EB and KH) surveyed the literature on deinstitutionalization, visited a range of residences where ex-patients congregated, and spoke with tenants, service providers and clinicians. We found an alarming number of mentally disabled individuals to be more or less permanent residents of the city's private and public shelters. From December 1979, for the next fifteen months or so, we concentrated our efforts on the entire homeless population. In so doing, we expanded our research mandate to include a population whose numbers, we soon found, were far too heterogeneous, their origins too diverse, to be grouped under any heading of disability.

In March 1981, CSS published the research findings in a report, Private Lives/Public Spaces. We attempted there to deal with the contemporary causes of homelessness, the conditions and operating procedures of public and private shelters, and strategies of survival on the streets. We had made a determined effort to tailor our inquiry to the pragmatic concerns of corrective action -- conceiving our work to be species of "advocacy research" -- and so drew out the implications of our findings in a set of recommendations, which addressed both the emergency need for immediate shelter and the need for permanent supportive residences.

Very briefly, our findings were as follows:

> -- contrary to both popular opinion and official positions, the notion that the homeless "choose" to live on the streets, victims of deranged minds or their own eccentric independence, is for the most part a bad myth. Whenever decent, humane shelter is made available, it does not want for willing recipients. Actual demand for public shelter, moreover, cannot be taken as a valid index of the true need for shelter.
>
> -- owing both to restrictive intake procedures (for women) and to dangerous and degrading conditions in accommodations offered (for men) public shelter has definite deterrent features intrinsic to it. In light of the personal costs exacted by such facilities, the fact that many homeless people decide to fend for themselves on the street is not the exercise in self-destruction it might otherwise seem.
>
> -- finally, life on the streets has changed little since Orwell did his stint in the nether worlds of Paris and London some fifty years ago: It is still characterized by the same terrible "complexity." Survival is an uncertain, demeaning, full-time occupation. It demands resourcefulness, courage and powers of endurance which were little short of awesome at times. But it does not transform erstwhile members of the human community into unrecognizable "others."

Although we did not fully realize it at the time, what we had done was to stumble upon a public scandal of major proportions -- a scandal that was only in part an extension of the earlier debacle of deinstitutionalization. We had compiled, to put it simply, a detailed bill of indictment of the public agencies charged with the care of the homeless poor. Still, exposés of this sort are anything but novel or unexpected in a city like New York. So it came as

something of a surprise when the report received considerable attention from the press and electronic media. The least reliable item in the whole study -- a crude estimate of the total number of homeless men and women culled from an official memorandum and a published report -- quickly became part of the popular lore of homelessness.

Private Lives/Public Spaces was essentially a plea for recognition that a problem exists. It was hinged on the premise that what we are not allowed to ignore or forget, we can less readily condone. This report is less uniform in focus. It is an assessment of the major changes affecting New York's homeless poor that have occurred in the past year (15 months, actually), an attempt to recast the conceptual boundaries of the problem of homelessness, and a clarification and defense of certain portions of the original argument. Because observations on the changes that have taken place are scattered throughout the text, it may be useful here to summarize the chief differences between the situation we depicted last year and the one we face today:

(1) the Callahan suit: This landmark case was settled in State Supreme Court of New York in August of last year by means of a negotiated consent decree, which both recognized the right to shelter and set guidelines for the provision of public shelter.

(2) state of the public shelters: In the past year, the public shelter system has been expanded considerably. The city now operates four shelters for men (in addition to subsidizing beds in the Bowery flops) and four shelters for women; total emergency bed capacity (nearly 4100 this spring) has increased by over 40% as compared with the situation in March 1981. Presumptive eligibility policies are in effect, staff treatment of clients has improved, mental health outreach teams have been stationed in public shelters, and security and hygiene are better than before. Distressing deficiencies remain, however. These deficiencies include overcrowding in the central intake facility for men, continued reliance on substandard accommodations (especially, state armories and flophouses), inadequate toilets and showers, poor

progress in placement (although recently efforts have been intensified), continuing problems with security, and a seemingly fixed commitment to busing over a thousand homeless persons daily to large-scale facilities located at some distance from the Bowery.

(3) demand for shelter: The past year has seen a remarkable increase in the number of homeless people applying for public shelter, or availing themselves of drop-in facilities and outreach efforts. This probably reflects both a real increase in the numbers of the dispossessed, and the accuracy of a principle espoused in last year's report: that as the range of options presented to the homeless poor is expanded, more and more of them will find their way in from the cold.

(4) recognition of the mental health dimensions of homelessness: Both city and state mental health authorities have made significant progress in endorsing the notion that special facilities are needed to house that proportion of the homeless population with psychiatric disabilities, although no concrete action has been taken in implementing such a notion. Debate continues as to the exact dimensions of this proportion, but that it is a significant one seems difficult to deny. Responsibility for housing this segment of the homeless is disputed as well. In May of this year, a class-action suit (Klostermann v. Carey) was filed on behalf of homeless men and women with histories of state psychiatric hospitalization. The suit seeks community-based residences appropriate for such persons. City officials have publicly endorsed the suit.

(5) the role of the media: Accounts in the popular press and electronic media have been more frequent, better informed and more sympathetic in the past year, in marked contrast to previous trends. That the city is facing a crisis with respect to homelessness is a view commanding near-universal support. More attention is being given to those aspects of a homeless way of life which retain traces of a former life with which the public at large can identify, to the failures of public agencies charged with the care of the homeless, and to the structural roots of homelessness in the larger society and economy.

(6) public attitudes: The public seems more aware of and better disposed towards the homeless poor than at any time since the Depression. In the abstract at least, a public consensus is developing that the homeless deserve shelter. Seven community boards have passed resolutions endorsing the establishment of a local shelter or residence in their midst. Significant opposition remains, however, to the large warehouse-type facility that the city has favored to date.

(7) continuing advocacy efforts: CSS, Catholic Charities, Community Council, SCAA, United Homeland Ministries, Settlement Housing Fund, the Grey Panthers, and other groups have emerged as vocal advocates for the homeless, while the New York Coalition for the Homeless is increasingly recognized as the umbrella organization representing the interests of the homeless in policy negotiations. In addition, a number of neighborhood coalitions and voluntary groups throughout the five boroughs have taken constructive action with regard to the need for shelter. A handful have opened shelters and souplines, and several others, at various stages in the search for buildings and funding, hope to open before next winter. Churches and synagogues that participated in last winter's emergency sheltering effort have joined forces to plan for a more comprehensive approach this year. The link between preservation of existing housing stock and prevention of homelessness is a theme sounded with growing frequency by housing and tenant advocacy groups. In April of this year, a National Coalition for the Homeless, headquartered in the New York Coalition's offices, was established, and representatives from dozens of regions around the nation have been organized as its steering committee.

A word about the critical tone assumed in our account of conditions in the public shelters: Nothing in our descriptions should be construed as an indictment of the decency or good will of the men and women who staff and manage the facilities. What we said last year applies today: workers are hard-pressed to maintain discipline and morale in the face of the enormity of their task. Moreover, we would be remiss in our role as researchers and advocates were we to ignore the heightened level of activity and concern shown by city and state agencies in the past year and a half. There is no profit in discounting the improvements that have been made, but neither is there cause for rejoicing.

The residual difficulties in the public shelters today are chiefly matters of quality of life. If danger, dirt and disorder have been muted somewhat (especially in facilities which the city directly operates), demoralization and degradation persist. The settings remain outposts of

the forsaken and they bear the stigmata of that label: the torpor, resignation and aimlessness of lives consigned to what to all appearances is a permanent holding pattern. Whether any large emergency -- and, by design if not by actual function, transient -- facility can eradicate such features, is in our judgment, highly questionable.*

There is another reason, one of more immediate concern, for not making more of the improvements in the public shelter system. When one travels today the same by-ways, alleys, depots and docks that provided refuge for those homeless of the streets whose stories we recounted last year, one notes with mounting dismay that there are still large numbers of people sleeping out-of-doors. Where haven can be found, it is exploited. Men and women still sleep in railyards, in bus and train stations, in public parks, in the subways (despite recent efforts to remove them), in loading docks, in doorways, on rooftops, and in cardboard boxes. The shadow market in makeshift shelter remains a thriving one. Evidence from drop-in centers and outreach efforts indicates that homeless people continue to find the public shelters fearsome places because of the areas in which they are located, threats to person and property, indiscriminate mixing of young and old populations, and because of their huge size.

If one couples this observation with the fact of the three-fold increase in city-based shelter that has taken place in the last 2½ years, one conclusion seems inescapable: at the same time as homeless people

*The Pine Street Inn remains the arresting exception.

are using the city shelters in numbers unmatched since the Depression, more and more people are joining the assemblage of the dispossessed. Both need and demand are on the rise, and a gap between the two still exists.

Without a comprehensive plan to meet the emergency need for shelter this winter, the lives of the street population will remain in jeopardy. But without decent housing, the borderland of the public shelters will continue to grow unabated. In a civilized society, neither contingency should be viewed as inevitable.

One Year Later is an attempt to bring our picture of the homeless poor in New York City up to date, to respond to certain questions and criticisms made of the original report, and to refine further the case for the recommendations advanced a year ago. The research team of Hopper, Baxter and Cox is responsible for the first six sections; they were joined by Larry Klein, Coordinator of the Advocacy Unit at CSS, in drafting the Conclusion and Policy Implications.

RETHINKING THE PROBLEM OF HOMELESSNESS

For the past 150 years, when the state has been confronted with the needs of surplus populations, whether disabled or dependent -- the aged, incorrigible, unemployable or mad -- a poor law philosphy of "less eligibility" has prevailed. Relief must be made an option of last resort, it was argued, in order to prevent all but the "truly needy" from applying. Of course, economizing on such provisions could not go so far as to spark a general uprising of the poor -- no mean consideration, when one recalls that around the time of the Poor Law Reform Act of 1834, one of every 11 men and women in England was on the dole (Marcus, 1974). Nor could certain moral imperatives -- base-line standards for the care of the poor (established in no small way through the efforts of charitable and philanthropic organizations) -- be ignored. The minimal relief efforts of the state had to be perceived as fair and they had to be justifiable. Historically, this was accomplished by portraying needy groups as "undeserving." For much of the post-Depression period in this country, the equation of the term "homeless" with "derelict" served such a purpose.

The Community Service Society study of the circumstances of homeless adults in New York City suggested that radical changes have taken place in the composition and size of the population over the past 15 years -- changes that call into question the legitimacy of traditional relief measures. In the first place, "skid row" is no longer a geographically confined way of life. The subways, train and bus depots, doorways and abandoned buildings, public parks and

loading docks, alleyways and sidewalks of the entire city are home for thousands of New Yorkers each night. Women appear on the streets in growing numbers (15 years ago, sociologists assured us that they were a "relatively rare" phenomenon, indicative of widespread social decay (Caplow et. al., 1968)). Young, minority men make up the majority of the Bowery's population. Chronic alcoholism is no longer the dominant scourge it once was. And the presence of severely disturbed "street people" has become an almost clichéd feature of the urban landscape.

The causes of homelessness have changed as well. In times past, it took the dislocations of war, famine, plague or civil strife to deprive people of their homes on a mass scale. By the mid-1960's, new forces were apparent. The nation's skid rows were inhabited primarily by the economically marginal, "the elderly, disabled and retired who were caught in the squeeze between spiraling postwar inflation and fixed pension or welfare benefits" (Wallace, 1965:23). If anything, this trend has intensified in our era, with the notable difference that severe economic hardship is not confined to the elderly and disabled. Distress has been domesticated in ways hitherto unseen; calamity has become a quiet, routine fact of life for many. If persistent and extreme enough, or if compounded by personal difficulties of a debilitating sort, the rigors of economic marginality may lead to homelessness. Today, the traditional sources of displacement have been replaced by less obtrusive ones: unemployment, deinstitutionalization and the dramatic shrinkage of the low-income housing market.

In the past year, these have been joined by severe cutbacks in the social service sector.

In a word, it is disenfranchisement -- from work, decent housing, and appropriate care and support -- not defectiveness (Bahr, 1974), that is the hallmark of today's homeless poor. Such circumstances challenge the root assumptions of fault and failure[1] -- or "dereliction" in short -- on which traditional relief policy was based. The question of how the problem of homelessness should be framed and approached would appear to be in serious need of re-examination.

To repeat: it is our contention that the problem of homelessness today is not primarily one of service deficits, but rather of fundamental needs going unmet. At the root of contemporary homelessness is a political economy that is slowly marginalizing ever-growing segments of our populace. Nationally, the signs of this development are unmistakable: lengthening souplines, burgeoning demand for emergency housing assistance, regional unemployment rates that approach Depression levels, stepped-up migration rates, and drastic cuts in disability benefit programs. Over all these hangs the shadow of a housing crisis unexampled in this century. It is currently estimated that 2½ million people annually are involuntarily displaced from their homes -- casualties of "revitalization" projects, economic development schemes and inflated rents. At the same time, a half million units of low-rent dwelling are lost each year through the combined forces of conversion, abandonment, inflation, arson and demolition (Hartman et al., 1982:3). When it is added that the major victims of mass displacement are the poor, those with fewest recources to absorb new hardship or to recover in its wake, it is no mystery that the ranks of the homeless continue to swell.

[1] Assumptions reportedly shared by postwar skid row men themselves (Bogue, 1963).

WHO ARE THE HOMELESS POOR?

Owing to the difficulties in obtaining representative samples of fugitive and stigmatized populations, the finding of spot-survey of the homeless are bound to be biased, in ways which may not always be apparent. It follows that thumbnail "profiles" of the average homeless man or woman culled from such surveys are suspect on prima facie grounds alone. More to the point, attempts to arrive at some aggregate notion of a "type" obscure what is arguably the most distinctive feature of today's homeless population: its genuine variety. In the section which follows, we make use of statistics provided by the Human Resources Administration (HRA) of the City of New York and by Manhattan Bowery Corporation and Vera Institute of Justice. For reasons detailed elsewhere (Baxter and Hopper, 1981), the population quartered in the public shelters cannot be taken as representative of homeless populations elsewhere. To take but one instance: Research on the Goddard-Riverside Project Reach-Out indicates that women, whites and the elderly are more strongly represented among the homeless of the Upper West Side of Manhattan than shelter projections would have indicated (see the reports of the Community Support System Monitoring/ Evaluation Program, New York State Psychiatric Institute, November 29, 1979 through February 1981). Nevertheless, such demographics as are available do offer some indication of the diversity of today's homeless poor.

That novel contemporary sources of displacement have replaced traditional ones is evident from the changes in both size and constituency of the homeless population. Such changes are thrown into

dramatic relief when today's homeless are compared with their postwar counterparts.

By the late 1960's, students of skid row culture had reported a major shift in its character, the culmination of that momentous transformation of skid row from a reservoir of casual labor, which had emerged in the post-Civil War period of rapid industrialization, to a welfare community. The change began during the Depression as a result of measures enacted under the New Deal (Lovald, 1960). The advent of federal unemployment insurance, readily available social services, and marked structural changes in the labor market, combined with the effects of large-scale urban renewal projects, convinced some observers that the days of the traditional skid row were numbered (Lee, 1978). One student concluded that the survival of skid row hinged upon its serving one remaining function:

> providing a refuge for drop-outs from the working class who have psychic disabilities, a significant proportion of which involve alcoholism. If present trends continue, the population of skid row will continue to decline, and . . . (it) may come to function primarily as an open asylum (Rooney, 1970:34).

Less than a decade later, however, commentators were less certain of skid row's imminent demise. Insisting that the term should be used to denote "not just a residential area but rather a human condition to which all of us are in some degree subject" (Blumberg et al., 1978:196), one group of researchers argued that "as long as the disabling conditions

of poverty, homelessness, powerlessness, illness and addiction are more or less common," there will be a continuing need for the marginal support structures traditionally provided by skid row institutions (Ibid., pp. 200-201). The question is not whether a given geographic area will continue to function as a haven for the down-and-out, but rather how the cohorts of the disaffiliated which inevitably arise will survive (cf. Spitzer, 1978).

Interestingly, the information available on the character of New York's homeless poor lends support for both these views. The high proportion of severely disabled homeless men and women is admittedly a salient feature of the skid row scene today, but at the same time, it appears that at no time since the Depression has the homeless population represented so wide a cross-section of American society as it does today.

A scant eight years ago, Bahr offered a capsule summary of what was known about postwar skid row men, drawing upon the findings of the Columbia Bowery Project and the available sociological literature. An excerpt from his profile follows:

> Skid row men are most unique in their marital histories: only about half have married . . . Disability or chronic illness characterize a majority of the men, and at least one-third are problem drinkers; they are old (median age between 50 and 54) and seem older, and are mostly white and native-born, and are not particularly disadvantaged educationally. At least half are native to that section of the country where their skid row is located . . . (Bahr, 1973:100).

Judging from the evidence culled from surveys of the men quartered in the municipal shelters,[2] nearly every item in this profile could be contested today.

age: Median age hovers around 40, with fully 3/4 of the men being younger than 50. New clients tend to be in their mid-thirties; 25% of them are under 30.

ethnicity: Over 60% are Black, between a quarter and a fifth are white, and approximately 10% are Hispanic.

marital history: 78% have never married.

education: 28% have completed high school.

residence: 38% are native New Yorkers, although nearly 3/4 had lived in the city for at least a year.

drinking problem: Only 14% attribute their arrival at (or return to) emergency shelter facilities to drinking problems, although nearly a quarter will, on clinical examination, show evidence of alcohol dependency.[3]

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[2] A note on sources and samples: The information summarized below is taken from five separate studies commissioned by HRA: the shelter survey of nearly 500 men done in December 1979; the Keener medical screening of 250 men done in May 1980; the "service gap" study of 125 men, the majority of who were recent applicants for shelter, done in November 1980; and two studies by the Vera Institute of Justice, a general one on the Men's Shelter done in 1977, and an examination of the records of 200 first time users of the shelter in 1980.

[3] Survey data on alcoholism prevalence, based either on self-reports or clinical assessments, are notoriously unreliable. Discrepancies in definitions and measurement abound; samples drawn differ markedly from one another; confounding alcohol use with alcohol abuse and past problems with present behavior is common. Figures reported here on alcoholism rates among the homeless are no exception. Service workers in daily contact with homeless alcoholics consider estimates generally to be low. Whatever the actual proportion may

reasons for seeking shelter: Fully a quarter arrive at the city shelter owing to loss of a job, 14% due to loss of previous residence, and 10% following release from an institution.

turnover: The proportion of new cases rose from 28% in 1966 to 48% in 1976; nearly two-thirds of all first-timers leave the shelter within a month of their arrival and do not return during the following year.

By "disability" and "chronic illness" Bahr had in mind primarily physical disorders (deformities, chronic ailments, dental problems) and alcoholism, although his later citations tended to show a progressively higher preponderance of mental disorders as well. This tendency is confirmed by recent studies. In the last decade, British (Tidmarsh and Wood, 1972; Leach and Wing, 1980), Canadian (Freeman et. al., 1979) and American studies (Segal and Baumohl, 1980) have all attested to the growing numbers of the psychiatrically disabled among the homeless poor. By 1978, psychiatrists had christened the Bowery one of the newly emerging "dumping grounds" for discharged psychiatric patients (Reich and Siegal, 1978), although local residents had noticed this and registered their protest some time earlier (Senate Democratic Tast Force on the City of New York, 1976:65). A year later, a report from the Office of the City Council President compared the Men's Shelter to a nineteenth

3 (continued)
be, one thing is clear: the debilitating nature of alcoholism, its resistance to treatment, and the shortage of adequate residential programs, make the homeless alcoholic particularly troublesome to service workers. Matters are complicated, of course, when alcohol abuse is but one of several problems in pressing need of attention, or when habitual recourse to alcohol is a form of self-medication for psychiatric disorders (Reich and Siegal, 1978:193).

century asylum (Bellamy, 1979).

Much dispute surrounds discussion of the psychiatric status of homeless men. To the degree that it stems from differences in data collection and assessment, this dispute may reflect larger political realities -- viz, the ongoing controversy between city and state officials over the proportion of the homeless who may properly be deemed casualties of ill-planned deinstitutionalization policies. Myriad difficulties inhere, of course, in the selection of sample populations, elicitation of reliable responses, and standardization of clinical judgment.

Shelter surveys show that by 1976, psychiatric problems rivaled alcoholism as the predominant disorder of homeless men: over 50% were found to show some indication of psychiatric problems; nearly 31% had prior histories of psychiatric hospitalization (Family and Adult Services (FAS), 1976). An analysis of data collected during a 3-day medical/psychiatric screening of some 250 men quartered at the Keener facility in May 1980, found the mental health of this population to be alarmingly poor (Hopper et. al, forthcoming). Fully 70% of the men were thought to be mentally disordered to some degree; 60% of them, moderately or severely so.[4] The findings

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[4] A note on categories. Classifications of overall severity of illness were derived from interviewer ratings. Prototypical symptoms recorded in support of clinical judgments include the following:

"moderate" - hallucinations; incoherence; anxiety and depression; phobias; history of suicide attempts; "strange affect;" cognitive dysfunction; high potential for violence; history of hospitalizations.

"severe" - poor judgment; marked organic deficit; "delusions of guilt and persecutions;" "marked depersonalization and derealization;" high potential for violence and/or suicide; "too disturbed to test;" "flat affect;" "very confused and out of touch with reality;" diagnosis of schizophrenia.

held for the 35% of the residents who were 35 years old or younger: 67% were considered to be moderately or severely disabled on psychiatric grounds, while 34% admitted to past hospitalization. Over half of all men whose illness was thought only "moderate" were deemed eligible for Supplemental Security Income (SSI).

Again, all the aforementioned caveats apply in interpreting such findings. The data base is an admittedly limited and perhaps skewed one. No safeguards were taken to ensure standardization of diagnostic impressions (as the wide range of symptoms classified under the various headings suggests); nor can the men quartered at Keener be assumed to be representative of homeless men as a whole. The Wards Island facility's reputation as a haven for "psychos",[5] its isolation, and the fact that it was, at the time of the screening, the only public shelter for men which allowed clients to stay there during the day, all made it something of an anomaly in the shelter world.

Even allowing for some bias in the men selected for the Keener screening effort, such results are disturbing. The findings of the mental health teams deployed by the State Office of Mental Health (OMH) in the public shelters offer further reason for concern. During their first 16 days of operation, such teams examined 219 men[6] and found

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[5] A reputation enhanced, no doubt, by its proximity to the state psychiatric hospital located on the same grounds, and the ironic fact that the building was once part of said hospital.

[6] This was not a random selection; shelter staff had been instructed to refer anyone whom they felt was "mentally disabled and in need of further evaluation."

that 25% of them were disturbed enough to require immediate hospitalization (OMH, April 1981). Subsequent on-site examinations of 840 men and 62 women[7] at three public shelters by the same teams, for the period February to June 1981, found that 74% of the individuals interviewed had histories of psychiatric hospitalization, over half of which were in New York State, and that 8% had come directly to the shelter from a mental hospital. In over 200 instances (18%), hospitalization was the recommended "service disposition" (OMH, 1981). Admittedly, the 902 individuals examined constitute a selected minority of the total sheltered population. But Project Reach-Out has estimated that from a third to a half of the undomiciled individuals they encounter on the street are psychiatrically disabled (Goddard-Riverside, n.d.:7; Lovell and Makiesky-Barrow, 1981:2).

In the light of such findings, for OMH to continue to deny that the cluster of mental health policies grouped under the rubric of "deinstitutionalization" ranks among the "major causes" of homelessness (Connell, 1982) is perplexing. Asked to account for the recent surge in numbers of the homeless, the Director of Research and Evaluation for the Regional Office explained that it was owing to the presence of

> relatively well-educated, relatively well-functioning, well-traveled, middle-class dropouts, who have learned to maneuver the system and who move around. (New York Times, June 28, 1981)

When pressed to defend such a view, OMH officials have argued that

[7] The report does not separate figures for men and women, nor do the "service disposition" figures distinguish between one-time and multiple instances of the same person.

data from an as yet unreleased random sample study, as well as those from the shelter outreach teams, indicate that at most 20% of the homeless population are mentally disabled and/or ex-patients from state facilities. Since the former study has not been published, we will restrict our remarks to the latter. Presumably, the 20% figure is arrived at by computing the percentage of the total sheltered population which is referred to OMH teams. There are two problems with this method: First, it assumes that the shelter population is representative of the homeless population as a whole. Data from the outreach project at Goddard-Riverside as well as reports from drop-in centers and private shelters make such an assumption questionable. And second, it assumes that the referral system is a reliable one. The findings of a recently released HRA study of "long-term" residents of the Keener facility (1982) cast doubt on this assumption. Out of a total 169 men interviewed, 56 (or 33%) reported past psychiatric hospitalizations. But 23 (or 41%) of those with psychiatric histories had never been referred to the on-site OMH team.

If the OMH figure were corrected upwards to compensate for missed cases, that is, the percentage of mentally disabled and/or previously hospitalized among the sheltered homeless would be 34%.* This is remarkably close to the 36% figure reported by HRA interviewers in the long-term study. Perhaps more to the point, it accords better with the OMH Five-Year Plan for 1980, which had estimated that 5200 chronically mentally disabled individuals were homeless, living either in the streets of New York City or in the public shelters (OMH 1979:109).

* Note added in press: The OMH random sample study was publicly released on June 16, 1982. Of the 107 men interviewed, 33% had histories of psychiatric hospitalization; 22% had been hospitalized in a New York State facility. The usual caveats apply regarding the representativeness of the public shelter population.

Data characterizing the sheltered population of homeless women are scantier and probably less representative of the non-sheltered population, although the trend toward growing numbers seem indisputable. (See Figure 2.) We have already noted that, 15 years ago, they were considered "relatively rare;" it would be difficult to find support for that notion anywhere today. The Women's Shelter records alone provide some indication of the change in official recognition of the scale of the problem. In 1970, the average number of women served per month was 82 (Annual Report, 1971); by March 7, 1982, the number of women sheltered nightly was 384 (FAS records). Doubtless, the dramatic increase in the number of women sheltered reflects the expansion in the supply of public beds for women which has taken place in the past two years, as well as whatever actual increase in their numbers may have taken place. The high rates of rejection of applicants that prevailed throughout the 1970's in the Women's Shelter, and the continuing fact that many homeless women do not even apply for help there, make shelter figures a most imperfect measure of actual need.

In addition to those included in the shelter figure above, 150 or so women, who will not avail themselves of the shelters, do make use each night of two 24-hour drop-in facilities supported in large part by city funds. Neither facility has been able to accommodate the ever-increasing numbers of homeless people who seek their help, and consequently, each has been forced to establish rules limiting its use.

Figure 1

MEN'S SHELTER CENSUS 1977-82

(Monthly Averages)

Opening of new shelters, by date and site, indicated by arrows

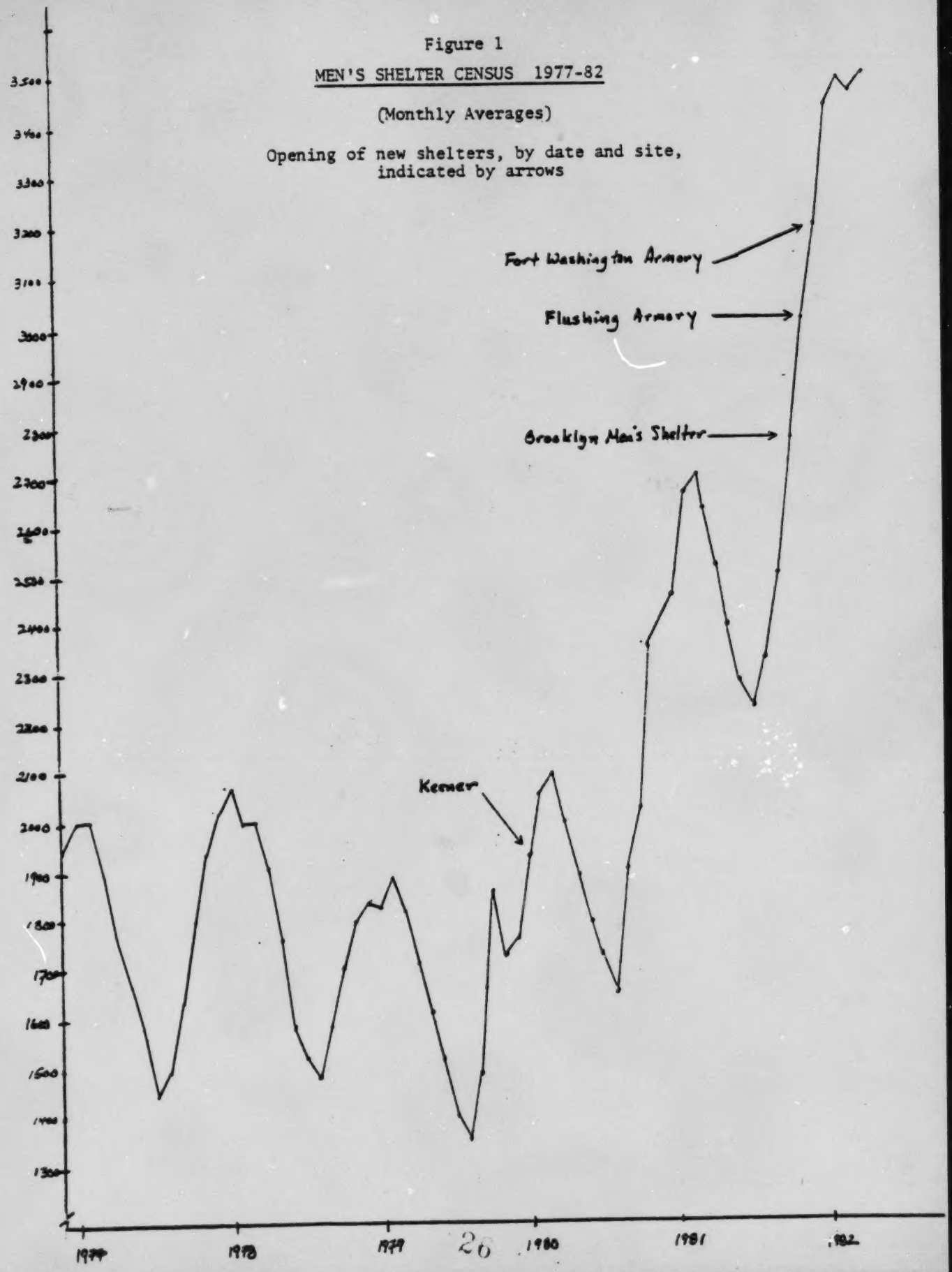
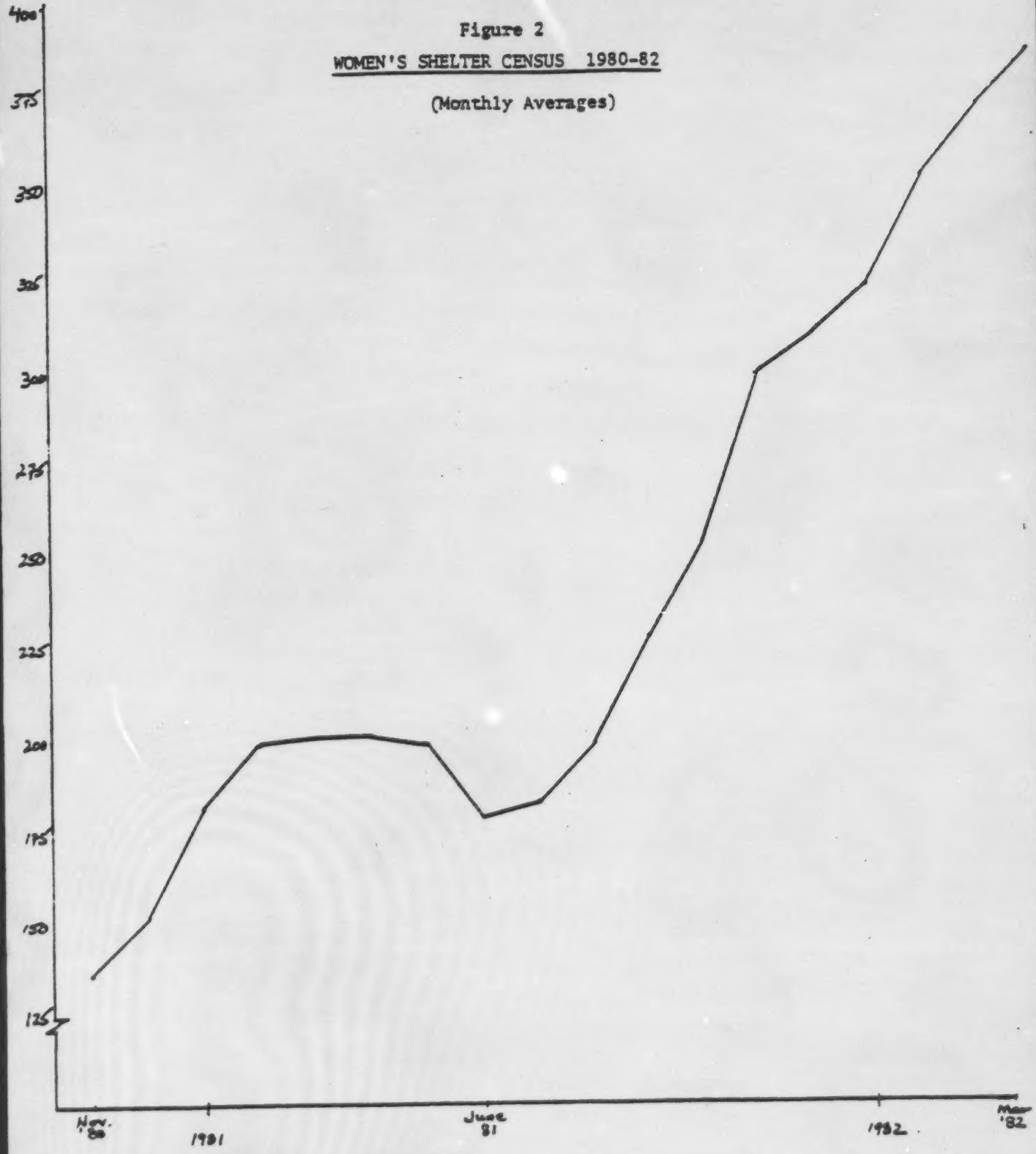


Figure 2

WOMEN'S SHELTER CENSUS 1980-82

(Monthly Averages)



Good descriptive accounts of the population are still uncommon, though observers have improved somewhat on the situation of a few years ago. At that time, Bahr characterized the available literature on homeless women as "singular accounts of their unsavory character and bizarre way of life" (Bahr, 1973:175) -- accounts drawn mainly from the clinical literature on alcoholism. Annual reports from the Women's Shelter in the early 1970's are unhesitating in characterizing from 46 to 68% of their clients as "mentally ill." A survey of 147 residents in 1975 found 58.5% of them to have histories of at least one psychiatric hospitalization (Schwam, 1979:21). In what may well be considered something of a watershed work, the Manhattan Bowery Corporation in 1979 took an extended look at the lives of "shopping bag ladies" many of who were confirmed street-dwellers (Schwam, 1979). Had this study been more widely circulated, it could have done much to dispel the aura of eccentricity that still clings to the subject. Among its more notable findings:

- while no good figures are available for the population as a whole, information from a variety of sources indicates that numbers are growing;
- the city's only municipal shelter for women is unable to meet the growing demand for its services;
- homeless women are peculiarly vulnerable to crime, the hostility of the elements, and street hazards;

- some "bizarre" practices (like foul odor) are in fact conscious defense mechanisms;
- mental disability per se is not a pervasive reason for the women's alleged "refusal" to use available services;
- the primary "causes" of their disaffiliation must be sought in the socioeconomic circumstances of poor, middle-aged and elderly women -- in particular, their isolation.

The most detailed study to date of "user characteristics" of the Women's Shelter is a survey of 100 first-time applicants who appeared in early 1979 (Vera Institute of Justice, 1981). The demographic parallels with the Men's Shelter population are fairly strong:

age: over half are under 40; 16% are 60 years or older
ethnicity: 40% white; 44% Black
residence: 61% had lived in the city for at least a year

Especially pertinent to the design of preventive measures are findings on reasons for seeking shelter. For those women for whom information on prior residence was obtained, 13% came directly from hospitals; nearly half had lived in an SRO immediately prior to coming to the shelter. Over a quarter of the first-time applicants cited lockouts or evictions, or ejections from a household (by family or friend) as their reason for seeking shelter.

These latter findings call into question the city's longstanding denial that the decline in SRO accommodations can be causally related to the increase in the number of the homeless poor. Further evidence for such a linkage is provided by the findings of Project Reach-Out for the Upper West Side of Manhattan. In the winter of 1980-81, the project made contact with nearly 100 homeless men and women in their district. Fully 70% of those for whom information on prior residence was obtained stated that they had been homeless for less than a year; 60% of that group said they had wound up on the streets as a direct result of eviction (Lovell and Makiesky-Barrow, 1981).

Any discussion of who the homeless are would be incomplete without touching on the allied question of how they are portrayed. The earlier CSS study (Baxter and Hopper, 1981) was unsparing in its criticism of the popular media's role in reinforcing attitudes which, as Bahr had argued, "serve as guilt-reduction devices for the average citizen, as well as for the rehabilitation agent" (1973:8). But slowly, we now think it safe to say, images in the popular press are changing: "derelict" no longer appears quite so often as a blanket descriptive of the homeless; mere eccentricity is rarely the sole concern of "human interest" depictions of street people; blame isn't extended so handily to men who are homeless -- one discovers upon asking them -- because they have lost a job. In short, homelessness as a modality of disgrace has been muted somewhat.

It would be a mistake to make too much of such tentative signs of an easing of the public notoriety attached to homelessness.

Street people in particular remain profoundly alien forms -- however familiar their presence has become -- on the urban landscape. As one observer noted recently, their mode of subsistence mimics and reproduces their social identity. Surplus, redundant people themselves, they exploit the surplus use-value, the literal "waste" potential, of public facilities: using waiting rooms to sleep in, restrooms for doing laundry, trash bins for foraging, and subways to rest on (Hinzpeter, 1982).[8] That such behavior has become more acceptable, provoking public outrage only on those occasions (at least five this past winter) when a street death is reported in the press, may say less about the modern temper of tolerance than it does about contemporary forms of indifference.

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[8] This observation bridges two earlier ones. Cook and Braithwaite described how homeless people "are increasingly seen as residue, the waste that is left over from the normal processes of society" (1979:7). And Jennifer Hand characterized their mode of survival as a form of "interstitial behavior," by which she meant "behavior which, while different from the behavior normally expected in a certain setting, does not interfere with either the planned functions or established customary use of place;" adepts of such behavior, she continued, "make a living from public resources and waste"(Hand, 1976:1,15). On the linkage between survival pattern and social status, see also Marcus (1974:196ff), where he comments on Engels' depiction of the poorest residents of 19th century Manchester.

REPRISE

Because the issue of causality has been so hotly contested, it may be useful here to summarize the evidence -- other than anecdotal -- for the antecedents of homelessness as proposed in last year's report:

> lack of housing: Using street interviews and shelter records respectively, Project Reach-Out and Vera Institute were able to demonstrate a direct link between evictions and/or lockouts as precipitating factors and homelessness as a consequence. Data are insufficient to gauge the contribution of this factor overall, but that a causal link exists seems difficult to deny.
>
> unemployment: HRA's own records show that fully a quarter of recent applicants to the Men's Shelter are there owing to loss of a job. As the recession deepens, this proportion can reasonably be expected to increase, if reports from other regions are any indication (New York Times, January 3, 1982; February 2, 1982).
>
> deinstitutionalization: Both HRA and the State Office of Mental Health have documented the presence in city shelters of large numbers of severely disturbed individuals, many of whom have histories of psychiatric hospitalization. Project Reach-Out has replicated such findings with the street population of the Upper West Side.

To be sure, the above material has more the character of persuasive than demonstrative evidence. Prospective studies needed to establish the course of the causal linkages and the operation of intervening variables have not been done; nor, we would argue, should remedial action await their performance. The reason is twofold: First, the technical difficulties in mounting studies of requisite size and sophistication to allow for statistically valid causal inference

would necessitate large expenditures of research funds.[9] More immediately, the social costs of not proceeding with ameliorative policies are considerable. Enough is known about the rate of closure of low-income dwellings (CIS, 1979) and the hardships imposed on those who are displaced (LeGates and Hartman, 1981), about the deleterious effects of unemployment (Dooley and Catalano, 1980; San Diego Union, December 6, 1981; New York Times, April 6, 1982), and about the consequences of of ill-planned deinstitutionalization (Lander, 1975: Scull, 1977; U. S. Department of Health and Human Services, 1980; Baxter and Hopper, 1980; Rhoden, forthcoming), to warrant corrective action.

[9] This objection applies with particular force to the city's proposal to do a combined street census and needs-assessment of the wandering poor -- especially when the conditions for contingency planning and evaluation of needs seem to be already in place. See discussion pp. 41 ff below.

THE STATE OF THE PUBLIC SHELTERS

At the time of the original CSS study, public shelter had more the character of a voluntary prison than a refuge. The deplorable conditions in the flophouses and Big Room, the routine contempt meted out to applicants for shelter, and the historical association of the Bowery as the abode of "bums," all conspired to make public shelter an option of desperation for many homeless men. For different reasons -- namely, exclusionary policies, limited beds, and exacting regimen -- the Women's Shelter could effectively serve only a small proportion of homeless women. The deterrent features of public facilities, it was suggested, were especially strong for those homeless people who were unusually sensitive to the presence of menace in their surroundings.

Since the research began, things have changed considerably. Prompted by the twin spurs of a protracted class action suit and a quickening sense of the dimensions of the crisis they face, the city and state have improved both the supply and conditions in public shelters. An estimated 1700 more homeless men and women now receive lodging in the city shelters, as compared with the situation in December 1979.

The most important event of the past year was the signing of the Consent Decree settling the Callahan v. Carey suit in August 1981.[10] The Decree strengthened the initial recognition of a

[10] Details of the litigation are discussed in Hopper and Cox (1982).

right to shelter which the court had upheld in December 1979, and then went on to establish certain qualitative standards that public shelters would have to meet. By October 1981, Robert Hayes (the lawyer who represented the homeless plaintiffs) was back in court, charging the city with contempt of the Consent Decree it had signed a mere six weeks earlier. By that time, 220 men were sleeping in an intake center (the East 3rd St., Men's Shelter) which met none of the standards by which the city had agreed to abide. The judge ordered the city to open an additional 400-bed facility within 24 hours; the next day a former public school in Brooklyn was converted into an emergency shelter and men were bused to and from the facility. In the ensuing two months, two more emergency shelters -- both state armories -- were opened (See Figure 1). By the end of the winter, as many as 3600 men were being sheltered each night.

Facilities for women were expanded as well. The supply of beds for women has almost doubled this winter by an increase in capacity at the Bushwick annex, the opening of a new shelter on East 3rd Street and making use first of one room and, subsequently, of all of the Flushing Armory. An additional 150 women and up to 40 men avail themselves nightly of the two publicly funded drop-in centers, Antonio G. Olivieri Center for Women and the Moravian Church. Dozens more have found respite in the churches that have opened their doors in recent months.

Improvements in the quality of the public shelters have been made as well. For men, better security, more shower and toilet facilities, clean linens and a bed with a mattress, are far more

common than was the case previously. Women are no longer barred due to physical disability, pregnancy or refusal to submit to a gynecological examination.[11] More adequate security and staffing at the Bushwick annex, as well as access to the services of a nearby mental health center, have made an appreciable difference to both the staff and clients. A van service, infrequent though it may be, to Bushwick and to Bellevue (for those sent for psychiatric clearance) has eased the rather demanding transition period between applying for and receiving a bed. The van runs once a day.

These improvements[12] must be measured in relative terms, however, because of the notoriously substandard conditions that prevailed in the past and because it is evident that certain conditions and practices remain an affront to public and professional notions of decent care and service. Moreover, conditions in the multi-site shelter system vary greatly. Some remain objectionable by any measure. Measured by the terms of the Callahan Consent Decree, only the new Keener II facility on Wards Island and the Women's Shelter on Lafayette Street would meet mandated standards. The remaining sites fail to comply because of overcrowding, insufficient shower and toilet facilities, inadequate staffing or security, and/or the non-existence of various other program requirements.

Questions may be raised regarding the ability of these standards

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[11] These admission requirements were dropped from the intake procedure after many months of meeting and negotiating between private shelter operators, advocates, the staff of the Women's Shelters and Officials at the Human Resources Administration.

[12] The changes have followed, albeit rather broadly, the terms of the Consent Decree of August 1981 (See Appendix I).

to ensure appropriate physical and programmatic levels of care and quarters. Staffing levels, for example, are not easily set without considering the variation in residents' needs during day and night hours, and the divergent needs of the young, elderly, mentally or physically disabled sub-populations. That staffing levels by themselves are no indicator of the decency of refuge offered is also evident from the fact that few if any of the smaller voluntary shelters -- generally considered far preferable to the public facilities -- would meet state standards.

Following is an inventory of public shelters, brief descriptions of conditions therein, and some evaluative comments where relevant.

Facilities for Men

Men Shelter, 8 East 3rd Street, Manhattan: Men, an average of 1400 daily, from all five boroughs find their way to this central facility on the Bowery, declare themselves destitute, are issued meal tickets, assigned to a bed in one of the settings below and transported to distant sites by van or bus. With the exception of the infirmary beds, the Men's Shelter is not licensed to sleep men.[13] HRA psychiatrists, social workers and case workers, as well as an onsite Community Support System team and a second Office of Mental Health Assessment Team, offer assistance of various sorts to a limited number of clients. Crowds of men waiting for meals, a shower or transportation to a bed, periodic medical and psychiatric crises, and a reputation of being unsafe for person or property continue to characterize the setting.

Lodging (Flop) Houses, Manhattan: The City reimburses six hotels (the Palace, Kenton, Union, Sunshine, Delevan and Stevenson) located in the

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[13] Previous to the court orders requiring the opening of emergency beds in armories and a vacant school last fall, there were up to 258 men sleeping in the staff offices, dining room, recreation rooms, processing rooms and corridors of 8 East 3rd Street itself. Some, due to the necessity of preparing the space for daytime use, were getting less than four hours sleep.

Bowery area at a rate of $3.75 a night, per man. Currently there are a total of 1108 beds available and filled to capacity. Conditions in two hotels, the Delevan (74 beds) and the Kenton[14] (290 beds) are particularly deplorable. The physical plant at the Kenton is in a wretched state of disrepair: roofing tar hangs from the ceiling of the top floor, huge chunks of wall plaster have fallen away, plumbing problems are chronic, and the boiler is often down. Men are assigned to 5' x 7' cubicles with chicken-wire ceilings or to dormitories of up to 110 beds.[15]

The Palace Hotel at best, has eight working showers. The Kenton has 3 showers, but hot water only once a week or so. Because showers and working lockers are not to be had regularly in the hotels, men are expected to utilize the facilities at the Men's Shelter. It is not clear that this expectation has been adequately publicized or that facilities at 3rd St. are meeting the need. Men still bathe and do laundry in flophouse sinks. Few seem aware of the availability of lockers at the 3rd St. facility. The few toilets at the hotels are often in disrepair. Infestation, overcrowding and poor security remain critical problems. Men sleep in their clothes and shoes, both for warmth (in winter months) and in fear of having them stolen by morning. The consequences of a uncontrolled fire in these flimsy wooden structures would be disastrous.

Camp LaGuardia, Chester, New York: This upstate facility currently accommodating 970 men is utilized primarily by an older, more stable and mentally healthier clientele than the average shelter population. The main building and adjacent barracks contain corridors of 6' x 7' cells: bunk beds allow for two men to a cell.[16] The younger and more recent arrivals from the Bowery are put up in a barn-like structure at the southern end of the grounds in one large dormitory of over 200 beds. Staffing levels are

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[14] The Human Resources Administration has recently assumed management of the Kenton on a month-to-month lease and intends to transfer management once an appropriate and willing voluntary agency is found. It is crucial that this resource, despite its problems, not be lost.

[15] The space requirements established by the consent decree do not apply to the Bowery hotels.

[16] The planned construction of dormitory buildings on the grounds is not intended, at this point, to increase capacity but instead to relieve overcrowding. In order to meet State licensing requirements, density would have to be reduced by more than 50 percent.

questionable: on a average weekend, the over 960 clients are supervised by an assistant superintendant, five institutional aides, and five security guards. Nonetheless, despite evidence of severe overcrowding and lack of staffing and security, the ambience on the whole appears to be one of quiet resignation. Incidents of violence are uncommon. While boredom and aimlessness may prevail, the stability of the setting and its residents allow for a sense of camaraderie and the growth of social networks.

Keener Building, Wards Island, Manhattan: Opened in late December 1979, in an unused building of a state hospital complex, Manhattan Psychiatric Center, originally designed to accommodate 180 men. The city contracts with the Volunteers of America to operate the program. During the winter of 1980-1981 up to 625 men were sheltered per night. Since then, the court has set the maximum capacity at 416. To date, the plumbing facilities are adequate for a capacity of 250. Commitments by HRA to install 28 additional toilets and 17 additional showers have not yet been honored. Construction has been completed (as of May 7, 1982) on Keener II, a 400-bed dormitory-style facility of admirable proportions: the place is clean, spacious and well appointed. Also, the presence of a mental health assessment team and Community Support System team, and the fact that security and staffing are relatively better than elsewhere, have resulted in a substantial proportion of mentally disabled men being sheltered there. Isolation and inactivity, rather than fear, predominate.

Brooklyn Men's Shelter, East New York. Opened in October 1981 in an abandoned school building under a 24-hour court order to provide 400 new beds. Within one month the dormitories were filled to capacity. Currently meals are delivered from the Neponsit Home for the Aged, HRA's health-related facility in Far Rockaway; until recently 2 showers served the men there. The city has committed itself to a total of 67 toilets and 40 showers by April 1982. (At the time of this writing, all have been installed.) Approximately half the men return to 8 East 3rd Street daily. The others remain in the building or in the surrounding area. The shelter is located in a burned-out, blighted area where few residential or commercial buildings remain

standing or occupied. Again, staffing and security are at subminimal levels.

Flushing Armory, Queens: Opened in late November 1981 with a capacity of 200 beds in response to full occupancy at the newly opened Brooklyn facility and growing numbers awaiting a bed at East 3rd Street. Twelve showers and seven toilets are available. Because no meals are provided, it is necessary to bus clients back to the city for a 7 a.m. breakfast. Throughout the course of the day clients wait in the shelter or surrounding area for the other two meals and for transportation back to the armory to sleep. The armory is located in a safe community with easy access to stores and public transportation. In mid-January fifteen homeless women were sent to the armory to accommodate the overflow from the women's facilities. By early March, there were 95 women sheltered there and no men; the men had been transferred to the Fort Washington Armory.

Fort Washington Armory, Manhattan: Opened in December 1981 with a 500 bed dormitory filled by men bused in each night and out each morning. In mid-March occupancy peaked at 549 men, making it the single largest site for homeless men, with the exception of Camp LaGuardia. All 540+ beds are amassed in the center of a cavernous drill floor allowing for the small staff to keep watch more easily. Vans from the Bowery drive up ramps through the night and early morning hours, directly into the armory and onto the drill floor. Men are not allowed out of the area unless escorted. Lines of police barricades mark off a route to the showers and toilets located one floor below. The shortage of staff requires that men who wish to use the bathroom facilities wait until a sufficient number are gathered to warrant a staff escort. Exemplary staff performance and good security made this armory a preferred option for many. This facility was closed in mid-May, due to a slight seasonal decline in numbers and the completion of Keener II.

Facilities for Women

Women's Shelter, 350 Lafayette, Manhattan: Until January 1979, this 47-bed shelter was the only public facility available to women. In addition to providing meals, clothing, medical and limited

social services,[17] the shelter serves as the central intake and service setting for the more recently opened shelters named below. The admission procedure is somewhat more demanding than that in use for men: an intake interview, a shower with a delousing agent, the inventorying of all belongings and, for some, evidence of having received a psychiatric clearance from Bellevue Hospital are required. Regulations governing routine management are relatively highly structured as well. Physical conditions, security and staffing levels are in good order and meet certification standards.

Bushwick Annex, Brooklyn: Opened in January 1979 under contract with the Bushwick Relocation Center with a capacity of 190 beds; beds in hallways have allowed over 200 to be sheltered. Meals are delivered from the Neponsit Home for the Aged. Additional showers were recently installed at the Annex, alleviating the shortage that existed there previously. Sufficient hot water remains a problem, as is true of overcrowding in the sleeping areas. A more serious matter are continuing reports of violence within and around the shelter which have given it a fearsome reputation among homeless women. Recently, internal security has been improved through the placement of monitors on each floor. The neighborhood is dangerous and desolate, and threats, harrassment and assaults by local youths go unchecked. The ejection of women under "Code 3" (that is, for infringement of various rules) during nighttime and early morning hours is especially threatening.

East Third Street Women's Shelter, Manhattan: Opened in November 1981 with a capacity of 79 beds and filled within six days of opening. Meals are delivered from Lafayette Street. Toilet facilities are adequate but only two showers are available. Security and staffing are also sufficient, giving it a favorable rating by both homeless women and referral agencies. The neighborhood, however, is dangerous making it difficult for women to come and go alone. Few venture out after dark.

Flushing Armory, Queens: Opened in mid-January for fifteen women for whom there were no beds available

[17] A study of case records of first time users of the shelter found that 59% of the women received no casework at all and another 29% only one recorded casework contact (Vera Institute of Justice, 1981). Training of staff at the Women's Shelter aimed at improving casework efforts is currently under way.

elsewhere. An increase to 70 women by late February, all of whom had access to one shower and three toilets, precipitated the gradual transfer of all the men also sheltered there. Four busloads transport the approximate 150 women (3/22/82 census) at 6 a.m. to Lafayette Street for breakfast. The women wait in and around this shelter or at E. 3rd St. throughout the day for lunch, dinner and transportation back to the armory for a bed. Toilet and shower facilities are inadequate; staff are generally supportive and understanding.

Other Services

Antonio G. Olivieri Center for Homeless Women, Manhattan: Opened in February 1981 as a daytime drop-in center for homeless men and women; however, applicants for assistance, particularly men, so far outstripped the space and staffing of the program, that its services were redirected to women only. Meals, shower facilities, delousing, assistance with income entitlements and access to medical and psychiatric services are provided. St. Vincent's Hospital operates an on-site clinic three days a week. The women are not required to give their names or any other information, nor are they obliged to take part in any of the above services. In December, the center was opened 24 hours, seven days a week, offering a form of shelter without beds. Women sleep on lounge chairs, plastic chairs, desk tops and the floor. Tolerant, warm and nondemanding treatment by staff make this overcrowded, understaffed and occasionally chaotic setting, a secure haven for many women. Due to the high demand for their services, the center established a time limit of two weeks of continuous stay, after which women are assured of seven days lodging (or more) in the East Third St. Shelter. They may then return, if they choose, to the Olivieri Center for another two-week stay.

The First Moravian Church, Manhattan: A storefront serving homeless people for over ten years; supplemented by a contract from HRA in July 1980. Offers services similar in manner and type to those of the Olivieri Center: meals, clothing, assistance with entitlements, etc. While it, too, is not a shelter, its 24-hour status affords some 40 men and 60+ women a place to stay through the night, on chairs or mats. The kindness and experience of the staff are central features of the setting. Due to increasing numbers of men and women appearing at their doors

for help, they have recently been forced to refuse new applicants after the 20th day of each month.

Outreach Van, Manhattan: A program staffed by two outreach workers and a driver offers women contacted in the train stations transportation to the shelter. The van also makes two stops daily at the Olivieri Center and the Moravian Church to transport women willing to leave these bedless sanctuaries to go to a public shelter. Of the approximately 30-35 daily contacts in the train stations, between one and three women may agree to be assisted in this manner. Aided by special assurance of placement in the East Third Street Women's Shelter, a few from the Olivieri Center and the Moravian Church avail themselves daily of the service. Beginning March 15, the transit police have been ordering homeless men and women off selected subways. Vans stationed at the termination of these lines offer transport to the shelter. According to city officials, in the first three weeks of operation some 436 of the 514 people ordered off the trains were taken to the shelters. Roughly 70% of those transported back to East Third St. actually accept shelter; the others leave to make do on their own. Interestingly, it appears that only 11% of those quartered as a result of the subway outreach program have ever been in public shelters before (Daily News, March 28, 1982).

Access to and the quality of the existing shelter system and other services for the homeless remain fundamental ongoing problems. The centralization of processing, feeding and transporting men at 8 East 3rd Street has been likened to cattleherding. The periodic incidents of violence at 3rd Street strike some observers as less remarkable than the complacency on the part of so many in the face of the routine degradation of waiting, often for hours, for the simple provisions of food and shelter. The flophouses remain lowering, oppressive quarters. Given these options, the fact that thousands of men stay clear of the shelter system and make do on the streets continues to be understandable. Likewise, conditions at Bushwick and the Flushing Armory for

women are not much better -- and, to some, no better at all -- than what can be mustered on one's own.[18]

When staffing levels cannot even assure security, it may appear premature to consider the shortage of social and mental health services afforded those sheltered. But services are clearly needed, even under circumstances which militate against their effectiveness. With luck and a great deal of effort, they may even on occasion succeed in making recourse to emergency shelter a temporary affair. Present staffing levels preclude genuine assistance with the securement of entitlements, a requisite for obtaining a residence elsewhere. Extensive documentation and case processing is both time consuming and regularly thwarted by bureaucratic failure: only a small minority in the shelters are assisted in this regard[19] (FAS, 1980b; Vera Institute of Justice, 1981). Medical care, which both men and women desperately need, is also inadequate (FAS, 1980a). Psychiatric care, too, falls short of a well-documented need. The majority of the limited number of direct care staff are inexperienced in dealing with a men-

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[18] On February 24, 1982, a class action suit, Eldredge v. Koch, was filed in New York State Supreme Court on behalf of homeless women in an effort to upgrade and expand shelter services. The plaintiffs, representing women sleeping in the chairs of the two drop-in centers, residents of the Bushwick Annex and those residing on the streets, contend that the conditions in the public facilities effectively deter many homeless women from applying for shelter. At the time of this writing, the case is in the pre-trial discovery process.

[19] The need for such assistance is clear. A sample of 808 persons drawn from both men's and women's shelters showed that while 69% of the group were at one time receiving income maintenance benefits, 63% of those interviewed had no source of income support whatever. The figure rose to nearly 75% of those under age 30 (OMH, 1981). Such figures must be used with caution. The "long-term" Keener study found that many of those who allege to be receiving public assistance benefits do not appear on the active rolls, while some who deny receiving benefits are listed. The corrected figure for true (i.e., on the record) beneficiaries is about half that of self-reported beneficiaries (HRA 1982:25).

tally unstable clientele. Medical and psychiatric crises draw some attention, while less volatile physical and mental problems ferment and worsen.

While improvements in each of the shelters described could be achieved by a decentralization of intake procedures, as well as by increased security and staffing, and medical, psychiatric and social provisions, the effort to do so is inherently a limited one. To be sure, such basic and self-evident improvements would ease the daily existence of those requiring emergency shelter. But genuine responsibility for homeless men and women may require acknowledging that emergency shelter accommodations in dormitories, flop-houses and armories alike, are not what most ultimately need. This is because shelter, no matter how decently it is offered, by its very nature maintains one at the border of ordered society, neither belonging nor quite in exile. Perpetuating a situation that maintains a population in limbo defers the social decision on whether such people are to be re-admitted or not.

THE QUESTION OF COSTS

City officials have repeatedly stressed that economies of scale make large warehouse-type shelters the most cost-effective shelter option. The projected per diem bed cost of a 100 bed emergency shelter, according to HRA figures, is approximately $35.97, compared to the actual $18.90 per diem bed cost of the 416-bed Keener Building (HRA memorandum, January 15, 1982). Advocacy groups (notably CSS, the Coalition for the Homeless, Catholic Charities, Settlement Housing Fund and others) have argued that a cost effective and humane alternative exists: the St. Francis Residence. Descriptions of this model supportive residence can be found elsewhere (Baxter and Hopper, 1981; New York Times, April 2, 1981). Discussion here will be restricted to the question of costs.

The St. Francis Residence has a per diem resident/room cost of $13.18 (less than 70% of the Keener per diem bed cost). This figure includes a $5.85 daily personal allowance for each resident. (See Chart 1). It is interesting to note that the most significant difference between the operating budgets for Keener and St. Francis is the cost of custodial services. Salaries for housekeeping/custodial and security staff make up 31% of the Keener budget. At St. Francis, these services require only 5% of the budget. The difference is doubtless due in large measure to the costs of processing applicants for shelter on a nightly basis and of providing the large supervisory staff appropriate to an "emergency" facility. Morever, were conditions in the public shelters brought into compliance with the Callahan consent decree, costs would rise even higher. This accentuates the potential cost-savings that would accrue were more of the current homeless population moved to permanent quarters.

CHART I

	Keener 416 Transient	(bed per diem)	%	St. Francis 100 Long-Term	(room per diem)	%
Staff Costs						
Administration, Social Service, Medical and Psychiatric	$ 671,133	(4.42)	23%	$135,050*	(3.70)	28%
Recreation	$ 54,662	(.36)	2%	-		
Maintenance, Housekeeping	$ 531,440	(3.50)	19%	$ 21,900	(.60)	5%
Security	$ 331,011	(2.18)	12%	-		
OTPS	$1,281,530	(8.44)	45%	$110,595	(3.03)	23%
Personal Allowance	-			$213,525	(5.85)	44%
TOTAL	$2,869,776	(18.90)	(100%)	$481,070	(13.18)	(100%)

* Figure includes all in-kind services contributed by city and state agencies and a calculated dollar value of the Franciscan administrators. The recently awarded Community Support System contract is not included.

The city has recently argued that the closest comparable facility to St. Francis Residence is not Keener but rather Camp LaGuardia in Chester, New York. A quick tour of the two premises, a cursory examination of the psychiatric profile of their respective population, an assessment of the degree of independence accorded residents (e.g., spending money), and a comparison of staff to resident ratios should convince all but the professionally contrary that such a matching is absurd. That the city would even venture to compare the St. Francis Residence, a long-term home for disabled adults, each of whom is allotted his/her own room, bureau, bed and closet, where a genuine effort to build community is under way, with Camp LaGuardia, a renovated women's prison, where no single resident out of nearly 1000 can claim has own room, and all of whom sleep either in cavernous bunkhouses or in 6' by 7' double-bunked cells, says enough about the city's sense of equivalence to make further comment superfluous.

The city objects to a cost comparison of St. Francis and Keener as misleading because of the operational differences between a voluntary long-term residence and a municipal transient shelter, claiming that St. Francis would be more expensive if run as a public emergency shelter. This is undoubtedly true. However, such an objection misses the point of the comparison and merely serves to confuse the issue. A more pertinent fact is that the Keener Building no longer functions primarily as an emergency shelter but has become, as a recent

HRA study shows, an expensive, institutional long-term housing alternative for a growing number of its residents (HRA, 1982). Clearly, there is an urgent need for the creation of more supportive residence units if emergency facilities are to be able to fulfill their appointed roles.

Similarly, the city argues that the municipal shelter system, because of the legal obligation to accept all who apply, serves a more difficult and volatile (and, by implication, more costly) population than does St. Francis, thereby making a comparison unfair. Again, insofar as this objection points to definite unavoidable overhead costs (e.g., security) in operating a large facility, it has both merit and a certain obviousness to it. But it is seriously misleading to the extent that it ignores the fact that many homeless men and women -- in our judgment, the vast majority -- would be immeasurably better off in supportive residences. Whatever small, residual and probably transient group remained could be accommodated in emergency facilities which, because of reduced demand, could be operated at a much lower cost to the city.

Moreover, to portray the St. Francis tenants as a stable and easy-to-care-for group is to belittle the accomplishment of the Franciscan Friars and their remarkable staff. While St. Francis does maintain certain eligibility criteria, these standards are unusually tolerant of bizarre behavior; inability to manage money, medication or personal hygiene; periodic disruptiveness; drinking binges; and need for brief

periods of hospitalization. The great majority of St. Francis tenents have extensive in-patient histories in New York State mental institutions and one-fifth of them arrived at the residence directly from the streets in states of severe disorientation.

To imply that the clients of the municipal shelter system are of such a peculiar nature as to be inappropriate for referral to improved services is indefensible. By all accounts, the emergency shelters have become "home" for hundreds who are capable of more independent living -- simply because there are no alternatives.

The question, then, is one of cost. The human costs involved in relying on an institutional bus-and-warehouse system designed for temporary emergency use as long-term housing for the poor and disabled are incalculable. Beyond this, the financial cost is staggering. The capital costs of the Keener expansion which has created eight fifty bed dormitories in two pre-fabricated buildings amount to nearly $7 million, or $17,500 per bed. By contrast, acquisition and renovation costs of the St. Francis Residence together amounts to $850.000, or $8,500 per room.[20] The cost to the public to house someone for a year in a Keener dormitory (on the campus of Manhattan State with 815 other men) is $6,900. The cost to the public to provide a home for someone at the

[20] This compares with the figures the National Trust for Historic Preservation in the United States has provided for rehabilitation of residential hotels elsewhere in the country. Obviously, costs will be a function of how deteriorated a building is when acquired (Paul, 1981).

St. Francis Residence (with an individual room, two meals a day and a personal daily allowance of over $5) is $4,810. While the quality of the St. Francis accommodations is almost incomparably better, it is startlingly less costly: about half the capitalization cost and two-thirds the operating cost.

Perhaps the most intriguing difference between long-term use of emergency shelters and supportive residence alternatives is the way operating costs are met. The municipal shelters meet expenses directly out of city and state social service budgets, at a 50/50 share. A not-for-profit single room accommodation, on the other hand, can meet operating costs through generated rent revenues (DHCR, 1981). Rents, in turn, are derived from existing entitlements, including federal entitlements, for which the homeless can qualify once they secure a residence. The city and state must pay $283.50 each to shelter a man at the Keener building for one month, or a total of $567.00. The same person receiving Home Relief and living in a supportive residence would cost the city and state $155 each monthly. If SSI eligible and living in a supportive residence, the monthly cost of care for this person would be $0 for the city, $63.21 for the state and $264.70 for the federal government.

COMMUNITY OPPOSITION

> None of us here are opposed to helping the homeless. We're just opposed to the site . . . Diseases will be spread by their spitting, urinating and vomiting on the sidewalks . . . Children are frightened by bizarre behavior and public urination . . . no one should be exposed to looking at this misery . . . I don't want to live in a therapeutic community . . . It is a community mental health perversion . . . the homeless need homes, not an assessment center . . . the City can't do a good job at anything . . . we are the scapegoat of the Office of Mental Health. (Public session, Community Board Meeting considering the opening of a daytime social assessment center for homeless people, Upper West Side of Manhattan, 6/1/81).

Much has been made of community hostility and organized resistance to the establishment of programs for homeless people. The origins of opposition to community-based services for "special populations" are generally traced to negative public attitudes and ignorance, as well as to fears of contamination, decline in property values and deterioration in the quality of neighborhood life. While the existence of such attitudes and fears is not to be denied, the manipulation of community opposition may prove to be a more telling and potentially more constructive subject for consideration. State and city policy decisions at times appear to move independently of community sentiment: opposition is succumbed to when cost and convenience so dictate and is overridden when expedience so demands. Given the manner in which emergency public shelters have opened this past winter, it is difficult to avoid the impression that in many instances the city is its own worst enemy.

The Mayor and officials of the Human Resources Administration have repeatedly asserted that the presence of homeless people will disrupt neighborhood stability and impede economic development (New York Times, December 30, 1980; New York Times, September 18, 1981). In tune with this administration's fiscal constraints and priorities (in which real estate interests play no small part), they have opposed a decentralized system with shelters in residential communities throughout all boroughs. Instead, large and purportedly more cost-effective facilities in isolated settings have been sought. Judicial pressure to expand shelter capacity this winter has modified the city's approach somewhat, such that economically marginal communities are now considered appropriate settings as well. The shelters in Queens, Brooklyn, Washington Heights and on the Lower East Side of Mahattan were opened without any prior consultation with the area's elected officials, community boards or neighborhood associations. No official effort to shelter the homeless indigenous to those communities is made. Much outrage ensued in three of the selected communities, while the one to which the largest population was bused in from the Bowery remained relatively quiescent -- perhaps because the operation there is a largely invisible one. Given the city's unyielding opposition to a decentralized shelter system, such hostility has the air of a self fulfilling prophecy about it.

To take but one instance: At the time the East New York Shelter was opened in mid-October, 1981, the neighboring community board was

considering opening two facilities -- one of 200 beds, another of 75 -- to accommodate its own indigenous homeless population. The sudden intrusion of a 400 bed shelter, the vast majority of whose clients come from Manhattan, effectively squelched deliberations on the smaller facilities.

Aside from whatever method the city's provocations may possess, the hostility it taps has its history, too. For years, the municipal Men's Shelter has been a disgrace, its operation one of "shameful expediency" (Vera Institute of Justice, 1977:31). When neighborhoods are approached about the possibility of opening shelters in their midst, this is the image with which they reckon. The city's practices this past winter do little to dispel that image.

Ironically, one of the centers of controversy regarding the presence of homeless men occurred on Wards Island, originally chosen as an appropriate site in part because it had no potentially offendable constituency. Last fall, the Board of Visitors of Manhattan Psychiatric Center and Manhattan Children's Psychiatric Center brought suit in Federal District Court in Manhattan. They alleged that the homeless men would "impact most harmfully" on the care of patients in those psychiatric facilities and that "patients, who ordinarily enjoy grounds rights, are having their own treatment plans curtailed because of the danger represented by Keener Building inhabitants" (New York Times, May 22, 1981). Plaintiffs sought to close the Keener Shelter, or alternatively, to prevent Keener residents from using public transportation to Wards Island. Counsel for the Callahan plaintiffs joined

the City's Corporation Counsel and the State Attorney General's Office in opposition to the complaint.

On March 19, 1982 Judge Robert Sweet, after hearing several weeks of testimony, found that the patients in the state hospital have a constitutional right to safety and mental health care, but then dismissed the plaintiffs' claims on the grounds that they had not demonstrated that the presence of the Keener Shelter constitutes a danger to the patients (Seide v. Prevost, 81 Civ. 6205, S.D.N.Y., March 19, 1982).

The stock media coverage of heated protests by community leaders and residents followed each of the city's unexpected moves (New York Amsterdam News, January 2, 1982; New York Times, August 14, 1981). One regular columnist contended:

> No community in New York City wants live-in shelters for bums and bag ladies in its neighborhood. It is genuinely hard to say who appears to least advantage in the clash of the bums and the respectable. Derelicts are the least desirable of neighbors. Irresponsible, drunk, drugged, often crazy, they are a form of street pollution frightening to children and disgusting to adults. They are the embodiment of failure,despair and death... (New York Daily News, August 28, 1981)

While such lurid depictions are not representative of media portrayals as a whole in recent months, they do appear with distressing regularity (e.g., Theroux, 1982).

Compounding the opprobrium of the skid row stereotype has been the recklessness of state deinstitutio-alization policies. Observers

agree that the lack of appropriate aftercare facilities for discharged psychiatric patients has intensified an already deeply ingrained apprehension and hostility toward them (SCAA, 1982:4). Communities rightly feel a sense of indignation at having been exploited in the interests of economizing on state outlays for the disabled. Anger on the part of the community is too easily directed against the primary victims of such policies rather than against the agencies responsible for promulgating them.

In New York, exposure of the public to the homeless poor is not limited to media coverage and/or official assurance that all is in order. Where they live, work or use public transportation, citizens encounter destitute people on the streets, in what appear to be ever-growing ranks. Many take time on their way to work to speak to the regulars they pass each morning. And, in fact, a good number of street people survive on the basis of solicited or unsolicited hand-outs from merchants or passers-by. Increasingly, it seems, public curiosity, sympathy and genuine concern are aroused by the plight of men and women suffering so visibly. Evidence of a progressively

better organized community sentiment favoring the provision of services and housing for the homeless is amassing.[21] Business and civic organizations, political clubs, churches and synagogues, universities and seminaries, professional organizations, and hundreds of ordinary citizens -- all partake in various efforts aimed at bettering the lot of the homeless poor. Seven Community Boards have passed resolutions indicating their willingness to have shelters or residences for the homeless opened within their districts. While selection of a specific site will invariably incite some antagonists, preparatory and regular contact with Community Boards has been shown not only to avert opposition but to gain the backing of knowledgeable community leaders.

The irony is that models of well-run supportive residences, capable of re-integrating even the severely disabled without at the same time disrupting neighborhood peace and sending property values into a tailspin, do exist. St. Francis Residence is one, but examples, while less than legion, can be found in a number of communities

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[21] This spring, the Neighborhood Coalition for Shelter, a group of churches, synagogues, civic organizations and concerned individuals on the Upper East Side of Manhattan, secured community board support and substantial private resources to establish a shelter for homeless women in that area. While searching for a permanent site for their program, the group proposed establishing a temporary shelter in trailers formerly used as office space. The group had located a vacant, city-owned lot. The City Department of Buildings inspected the plans and approved use of the trailers as a shelter. Commissioner Gliedman of the Department of Housing Preservation and Development vetoed the proposal with a rather peculiar objection. He said that two to three years ago he would have approved the application. But today, because his plans for the future of moderate and low-income housing in the outer boroughs rest on the use of "factory manufactured homes" or trailers, he was unwilling to jeopardize those plans by any association, in the public's mind, of trailers with "bag ladies."

(Carling and Perlman, 1981). The decisive factors in the success of such efforts appear to be few: an insistence upon building in the necessary social and clinical supports to the day-to-day operation of the residence, successful linkage with requisite "back-up" agencies, a genuine attempt to approximate some semblance of communal life, and on-going community consultation where appropriate. It is a disservice to the homeless poor and to an increasingly sympathetic public alike to pretend that the lack of success stories is anything more than an artifact of witting or unwitting ignorance.

THE NUMBERS GAME

Much has been made of the unreliability of current estimates of the size of the homeless population; indeed, no item of the original CSS report drew more official fire than the 36,000 figure, although its place in that report was less than central. The city responded by way of a mayoral announcement on December 29, 1981, to the effect that the services of a reputable agency would be engaged to do a "professional" census of the homeless. On April 23 of this year, preliminary drafts of the city's proposal were circulated to interested groups. At the time of this writing, the proposed study would combine both a census and a rather detailed needs assessment of the homeless poor -- including those within the public and private shelters, as well as those living on the streets, in transportation depots, abandoned buildings, steam tunnels and the like. From this effort, an allegedly more reliable count of the numbers of homeless, a more accurate demographic profile, and a better understanding of program needs are expected.

In our opinion, the city's proposed census suffers from sufficient conceptual and methodological deficiencies to make it an ill-advised venture at the present moment. These deficiencies are independent of the question of the cost of such a study but would, if addressed, surely drive the cost of such an undertaking still higher. Alternative methods for assessing the needs of the homeless, methods which both are less costly and do not require mounting a full-scale research project, do exist -- a fact which makes the proposed study even more

questionable. In any event, for purposes of program planning, the issue of an accurate count of the homeless poor is specious, for reasons which will be detailed below.

In our estimation, the rationale behind the city's proposal is vulnerable to criticism on two counts: the definition of the population of concern, and the centrality of the numbers issue for planning purposes.

In recent pronouncements (New York Times, April 26, 1982), city officials have made curious use of the fact that the winter census in the shelters has not declined with the warmer weather. Robert Hayes, counsel for plaintiffs in Callahan v. Carey, had argued in court last fall that if conditions were improved, the city should expect the shelter census to remain relatively constant, for the simple reason that the streets would no longer be a preferred alternative. The city, however, argues that the constancy in demand is a result of artificially inflated need: people who were living with family or friends before coming to the shelter are not homeless. Why they left is of no concern.

This view animates the city's interest in distingushing -- as the April 23 draft proposal puts it with disarming candor -- the "truly homeless" from other marginally needy groups. The assumption, of course, is that large numbers of people are abandoning acceptable residences to take refuge in the public shelters. In support of this

claim, no data -- apart from two hardly persuasive anecdotes in the Times story -- have been advanced. Nor, to our knowledge, are any data available to justify the recent claim by an HRA official that "certainly a hundred, maybe more" currently sheltered people are not "truly homeless" (Trobe, April 28, 1982). No bolder invocation of the invidious distinction between the "deserving" and "undeserving" poor can be found.

From all the evidence we have gathered, the conditions of emergency shelter (even when it is clean, safe and non-invasive) and the status attached to homelessness, constitute a de facto "means test" -- one sufficiently stringent to deter all but those genuinely in need.

There is an additional reason for questioning the way in which the city defines its homeless population, so as to include only those who are living on the streets or in designated shelters. As Caro has argued (1981), there is reason to believe that significant numbers of our citizens may be making do with quarters that are "makeshift" at best -- sleeping on the floors of friends' apartments, tolerating woefully substandard accommodations, or getting by on a day-to-day basis in flop-houses, turning to the public shelters only on those occasions when they lack sufficient funds to pay for a night's lodging. In addition, there are temporarily institutionalized populations -- in hospitals, jails and the like -- who must be considered "virtually homeless," in that, upon release or discharge, they will be without a residence.

It is for these and other reasons that Caro urged adopting as a definition of homeless anyone "without an address which assures them of at least the following thirty days sleeping quarters which meet minimal health and safety standards" (Caro, 1981:3). And while such a view has the benefit of comprehensiveness, its methodological costs would be formidable--if, that is, one's foremost concern is an accurate count of the homeless population. We take issue with that notion.

Rational planning to meet the needs of the homeless can be accomplished in the absence of a precise estimate of the population. In the first place, for reasons detailed below, such an estimate would be all but impossible to obtain given the severe methodological barriers entailed. But more importantly, it is unclear what the utility of such a number would be. Given that the social forces responsible for homelessness are continuing, both the numbers and composition can be expected to wax and wane in response to the relative power of relevant causal factors. And since it is, at any one time, the immediate need for shelter which is the primary planning concern, a more direct and sensitive measure of that need is required. For short-term purposes, a contingency-based estimate of need, one which reflects the effects of changes in the factors creating homelessness, would seem preferable for reasons of both ease and accuracy.

From a research perspective, the barriers to a methodologically sound census cum needs-assessment survey of the homeless are rather daunting. Most of these have been discussed by Caro (1982); we will content ourselves here with highlighting a few:

-- homeless people have a legitimate interest in concealing the whereabouts of spaces which may be other than officially sanctioned refuges;

-- gaining the confidence of suspected homeless persons (to whom, it should be noted, one is offering nothing in return) is a time-consuming and delicate affair, ill-suited to the demands of spot-surveys;

-- the requisite observation and inference techniques for studying mobile populations without fixed travel routes, are labor-intensive in the extreme -- not the sort of assembly line work which can be conveniently sub-contracted.

Add to these concerns the fact that a large-scale survey must make use of what Julius Roth (1966) has called "hired hand" data collection -- using workers in whose interest it is "to avoid difficult, embarrassing, inconvenient, time-consuming situations as well as those activities which make no sense to them" (1966:192). Recourse to such methods invariably introduces a host of inaccuracies and makes probable the falsification of at least some reported observations. Under such circumstances, the methodological difficulties appear all but insurmountable.

For these reasons, we suggest that an alternative method of contingency planning be employed to meet the demonstrated needs of the homeless. Making use of homeless people who are already known to the shelter system -- through contacts with shelter employees, drop-in staff or outreach workers -- would help to ensure that information forwarded is trustworthy. Periodic monitoring of existing operations

would be both more reliable and, potentially, more informative, since inquiries could be tailored to meet the demands of a changing situation.

Over the course of the past few years, several surveys on the characteristics of those who utilize the public shelter system have been conducted by city, state and private agencies. These surveys have yielded information on demographic characteristics, entitlement eligibility, health status, psychiatric history and status, previous place of residence, employment history, etc. Close evaluation and compilation of these data would provide information sufficient for, if not in excess of, current program planning purposes. While it is evident that the findings from each survey vary according to the purpose for which the study was conducted, site and sample drawn and methodology employed, these differences do not preclude valid inferences about the needs of sub-groups of the homeless. The differences indicate a pattern of heterogeneous needs, the majority of which remain unmet.

Admittedly, program development based on findings from such site and purpose-specific studies, while feasible, is less than ideal. Effective planning ultimately will require a more comprehensive and current data base. Toward this end, a simple standardized form could be developed for recording information on the homeless residing in the shelters, hospitals, jails or in contact with programs serving those outside the shelter system proper (Goddard Riverside's Project Reach-Out, Manhattan Bowery Outreach Program, the Olivieri Center and the Moravian Church, HRA's Outreach Van, churches and synagogues). This would ensure an ongoing compilation of data necessary to (1) count and

characterize the homeless poor reached by these programs; (2) periodically evaluate their housing, health and other social needs; and (3) plan for appropriate housing and service alternatives tailored to the needs of specific sub-groups of the homeless population. It is, of course, imperative that such an effort be done in a manner compatible with the non-intrusive principles upon which some of these programs operate.

In any event, one principle should be clear: there exists a demonstrated need for additional or better quality shelter so long as the evidence from drop-in centers, outreach efforts, church basements, or any other "gatekeeper" facility shows people to be habitually without a place to sleep. That this population will change, that its numbers will fluctuate and its constituency will shift periodically, is not at issue. Our contention is that such facilities offer a ready-made means of gauging the continuing need for shelter, and that supply should be increased -- and, when necessary, improved -- in order to accommodate this demand.

CONCLUSION

The major differences in today's homeless population are two. First and most important, a growing proportion of the homeless poor are victims of socioeconomic developments at large: displacement, unemployment, and entitlement program cuts. At the same time, observers agree that the mental health of many recent applicants for shelter is more tenuous than that of traditional clients.[22] Nevertheless, the lesson of the past 15 months of New York's sheltering efforts is clear. In transforming genuine need into effective demand, the decisive difference appears to be the range of options offered the homeless poor: as that range has grown, so has their demonstrated willingness to come in from the cold.

To return to the question with which this report began: how valid now is the conventional distinction between the deserving and underserving poor, that relegates the homeless to the latter class and treats them accordingly? Can a policy of grudging relief be defended, in which what appear as the lineaments of aid mask what is in fact merely a means of containing and penalizing its recipients? Do not the specifics of the homeless situation compel one to acknowledge the collective nature of disabling misfortune? And, if so, is not the just response one which makes a genuine effort to re-enfranchise those whom an obsolete (if it was ever fair) policy of shelter has ostracized? Finally,

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[22] Indeed, On May 20, 1982, a class-action suit was filed in State Supreme Court in Manhattan, on behalf of an estimated 6000 homeless men and women who were formerly residents of state psychiatric facilities. The suit, Klostermann v. Carey, seeks enforcement of ex-patients' right to appropriate residences.

do not the exigencies of today's economy demand that re-enfranchisement be taken to include a dignified form of dependency as well as, for those for whom it is available, a productive livelihood?

It may be true, as Susser has argued, that "issues are settled, not by statistics, but by political decision" (1977:5), but surely what has been learned about the circumstances of the "disaffiliated" poor should bear upon the formulation of policies to alleviate their plight. These are, admittedly, parlous times, not favorable to new initiatives with respect to the indigent -- except for hostile, stigmatizing ones. The choice is clear: either to settle into a cruel complacency, content to establish isolated reservations for the unwanted,[23] or to renew that neglected legacy of concern[24] which refuses to forget and disown. The options, in short, are to return to the era of the great confinement (Foucault, 1968) or to press forward with a commitment to provide "homes not hovels" (CHAR, 1981).

Given the current heterogeneity of the homeless population, differentiated housing and services approaches must be developed. For the foreseeable future, outreach work and drop-in centers will be needed to make initial contact with those who are wary of using more structured facilities. With respect to the variety of shelter needed, a useful

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[23] Compare Bahr, commenting on professionals' preference to treat the homeless "where they belong . . . The lepers may be fed and clothed, but only at special stations for the unclean in the colonies set aside for them" (1973:8).

[24] A legacy harkened to by Judge Gartenstein in People v. Spagna, when he refused either to convict an eighty-year-old man arrested for arson who lit a fire on the floor of his flat to avoid freezing to death, or to sentence him to psychiatric confinement for observation. Instead, the judge, prosecutor, and defense attorney joined forces to find the accused a suitable residence (New York Law Journal, March 18, 1981).

taxonomy is provided by the notion of a "three-tiered" approach (Sakano, 1981):

Tier I: basic emergency shelter, made as undemanding and accessible as security and hygiene considerations allow, which provides the minimal amenities stipulated by the Callahan consent decree: decent, clean bedding, wholesome food, adequate security, and supervision. In addition, regular clinical attention should be made available. Armories, church basements, school buildings may all serve such a purpose.

Tier II: transitional accommodations, a step up from emergency shelter in demands on residents and services provided, which will achieve some differentiation by need of the homeless populations. Intensified efforts to secure appropriate entitlements as well as necessary clinical linkages could be made here. A pioneering initiative in this direction was approved conceptually by the State Office of Mental Health some time ago (OMH memorandum, January 18, 1981) and has been the subject of considerable and inventive discussion at the City Dept. of Mental Health (see its Community Support System plan to deal with the homeless). To date, however, no substantive commitment of funds or personnel has been made.

Tier III: long-term, supportive residences -- homes, in short, with the appropriate service and aid modalities built-in as part of the structure of everyday life. In the present climate, not-for-profit sponsorship and operation of such programs would appear to be the most feasible option. The city-and state-supported St. Francis residence is an excellent example of such a facility.

Despite widely varied supportive service needs, however, the homeless poor share the common need for affordable,if necessary, subsidized housing -- a species of dwelling that is exceedingly rare in today's housing market and, indeed shows every sign of

nearing extinction.[25] Massive conversions and elevated pricing have placed many former resources (like SRO hotels) beyond the reach of welfare or SSI recipients. In this regard, the homeless are increasingly in economic kinship with other vulnerable (if, for the time being, housed) groups: the elderly, the unemployed and marginally employed, the working poor with children. The precariousness of the position of these "deserving" groups can only increase as the recession continues (New York Times, March 14, 1982) and federal subsidies diminish. Community development funds and federal low-interest loan programs that may once have been deployed to renovate the city's huge stock of in-rem housing have dried up. Projects already approved face cancellation due to the severe federal cutbacks. The state and city government have identified no source of funding or bonding authority suitable for increasing low-income housing options in their budget projections for the coming years. The housing crisis could not have come at a time when government resources were less disposed or, seemingly, less able to deal with it effectively.

The underlying causes of homelessness -- structural unemployment, inadequate community-based psychiatric care, housing scarcity and, more recently, social service cutbacks -- show every sign of continuing unabated, if not, indeed, of intensifying. Newly initiated review procedures are returning disabled recipients of higher federal benefits

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[25] At least 35,000 units of SRO housing have been lost to the city in the past 7 years; the waiting list for the Housing Authority is approaching 200,000 people; and Federal Housing Assistance programs have been curtailed so dramatically that even individuals already residing in apartments with Section 8 rent subsidies face potential loss of their certification in the coming fiscal year.

to the ranks of the merely poor (Bellamy, 1982; Mental Health Law Project, 1982). For the homeless poor effectively to plead their case for relief, it will be increasingly critical for them to make common cause with other neglected victimized populations, to force the issue away from idiosyncratic pathology or eccentricity and into the realm of common suffering; to secure, in short, the recognition that what once could be dismissed as an alien sore on the body politic[26] has now something of the character of an endemic disorder. Only in this way will an effective constituency of demand[27] -- the necessary initial step in the redress of grievance -- be mobilized.

Public agencies are at a crossroads: either they recognize the urgency and magnitude of contemporary homelessness and take immediate remedial and preventive action, or, like the Circumlocution Office memorialized by Charles Dickens in Little Dorrit (1857), devote "half a score of boards, half a bushel of minutes, several sacks of official memoranda, and a family-vault full of ungrammatical correspondence" to further study of the problem. An aroused and concerned public may make recourse to the latter option less feasible than was heretofore the case.

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[26] See, for example, Eric Hoffer's dismissal of the homeless residents of a federal transient camp in the 1930s as "a human junk pile," festering in "one of the drainage ditches of ordered society" (Hoffer, 1964:140, 143). Pearson has argued that in the nineteenth century "sewage and drains were guiding metaphors for those who depicted the deviants of this time" (1975:163) -- a practice which, as Cook and Braithwaite (1979) note, is still much in evidence today.

[27] See for example, the Hartman et. al. (1982) manual on fighting displacement.

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ONE YEAR LATER

PART II:

POLICY IMPLICATIONS

Laurence Klein

Kim Hopper

Ellen Baxter

Stuart Cox

Given a political climate as troubled and confused as the present, it is difficult to gauge prospects for a more enlightened public policy toward the homeless. The signs of the times seem to run at cross-purposes to one another. Agreement at large is mounting that the roots of mass homelessness are located within the recesses of larger social pathologies--unemployment, severe housing shortages, poor aftercare for the mentally disabled, inadequate living allowances for the dependent, and racial discrimination. Public sympathy for the homeless, willingness to suspend judgment of blame, and openness to new forms of local shelter efforts, all appear to be more favorably poised than at any time in recent memory. Yet official policy--especially at the federal level--is doggedly at odds with such trends. Eligibility criteria for entitlement programs are being tightened, review procedures intensified, and service programs to the dependent and working poor curtailed. The net effect is a relief system that is even more difficult to negotiate successfully, regardless of the legitimacy of one's need.

At such a conjuncture, it seems fair to observe, advocacy efforts take on added import. The leverage they can muster at the local levels in policy-making and legislative bodies can be critical in bettering the lives of the homeless today and reducing the ranks of the otherwise homeless tomorrow.

Mindful of such realities, we recommend the city and state governments negotiate a reasonable division of labor as follows:

CITY

(1) Every effort must be made to ensure that adequate emergency shelter is available to the homeless in full compliance with the Callahan Consent Decree. Despite official agreement to apply parallel standards to shelters for women which were not part of the Callahan settlement, this has not occurred (see note 16, page 30). The failure to do so must be corrected. A comprehensive plan for meeting the need for emergency shelter without recourse to the use of non-compliant facilities (such as state armories) must be developed. State Supreme Court Justice Richard Wallach ordered the city to undertake such planning last January, but to date, no plan has appeared.

(2) A decentralized procedure for admission to emergency shelter should be instituted. The current system requires application at 8 East 3rd Street for men and at Lafayette Street for women, followed by busing to the other seven facilities. The resulting $1.5 million transportation cost per annum as well as the severe social costs of this dehumanizing procedure warrant reform. A decentralized system of direct intake will allow applicants for shelter to by-pass the Men's Shelter and Women's Shelter, thereby alleviating the overcrowding and congestion at these facilities and making satellite shelters more accessible to local homeless populations. Although most communities may express concern initially, a considerate policy of consultation, planning and public education should allay fears and demonstrate that emergency shelters with direct intake will be better able to serve the neighborhoods in which they are located.

(3) The city should encourage the development of community-based programs for the homeless (see pages 37 et seq.). City policies and practices regarding community-based (vs. physically isolated) emergency shelters have been inconsistent. A basic policy position against placing facilities in community settings has prevailed along with the opening of four new public shelters this past winter, in the communities of the Lower East Side, Queens, Brooklyn and Washington Heights. City support should be given to non-profit community groups interested in establishing emergency and transitional shelters as well as supportive residences in their own communities. The Mayor's recent endorsement of supportive residences (letter to Assemblyman Pete Grannis, March 4, 1982) and his earlier appeal to churches and synagogues this past winter, followed by HRA's technical assistance, were hopeful signs that this longstanding animus may be diminishing. In this same regard, the city's recent support of the Traveller's Hotel project of the Westside Cluster should be mentioned. Such cooperative efforts should be continued and expanded. The city should join forces with the coalition of religious groups meeting to formulate plans to provide neighborhood refuges next winter. Special consideration should be given to coordinating this effort with the activities of Goddard-Riverside's Project Reach-Out and the Olivieri Center and Moravian Church (as pilot projects already under way are doing). The most appropriate and accessible form of service to the homeless--whether it be emergency shelter, more permanent residences, or day programs--should be located in community settings.

(4) Community efforts to create transitional and permanent residences should be vigorously supported. City assistance can best be provided in helping to secure the necessary seed money and by making available certain in rem properties. We share with the Mayor the concern that the state government assume its share of the responsibility for the capitalization of Tier II and Tier III residences; the city will continue to assume the major administrative and financial role in capitalizing and operating the emergency shelters (Tier I). Only with state resources will more permanent housing and service combinations be achieved. The recently-passed Special Needs Housing bills are welcomed additions to existing funding mechanisms. Also pending is the Shelter bill that would allow reimbursement by the state for the capitalization costs municipalities expend on DSS-licensed shelters. As difficult as it will be, given the severe cutbacks in federal housing assistance programs, the city will need to consider appropriating even a larger sum of community development funds for this purpose, as they have proposed in the CD VIII budget.

With a commitment to new capitalization funds from the state, the major contribution of the city would be the donation of appropriate in rem properties to qualified voluntary organizations prepared to renovate and operate such facilities. HPD and the Division of Real Property in the Department of General Services should inventory in rem properties appropriate for use in each community planning board. To ease the political burden on the Mayor and Board of Estimate, the Mayor should apply a fair-share principle and ask each of the Borough Boards

(made up of the chairperson of the various community planning boards, City Council members and the Borough Presidents) to identify suitable in rem properties from each borough for use as permanent housing for the homeless.

(5) To slow the rate of the "diminishing resource" of SRO hotels, the city should drop all tax-incentive benefits for conversion of Class B SRO buildings into Class A luxury housing, and leave in place only those benefits for SRO owners who repair building systems in SRO's where tenants are guaranteed continued occupancy. This would constitute a major preventive measure in stemming the growth of the homeless population. City opposition to the Gottfried-Callandra bill, an effective anti-lock-out bill for current SRO residents, should be dropped. Efforts by the Mayor's office of SRO Housing and HPD to renovate vacant units in partially occupied in rem properties for use by women referred from the Bushwick Shelter (the In Rem Repair Program) should be applauded and encouraged to expand. Through the SRO Low-Interest Loan Program, funds should be committed by the end of the current Community Development Year VII, for use in opening supportive residences for the homeless.

(6) The City Department of Mental Health and Mental Retardation is to be commended for initiatives (at the time of this writing, still on paper) with respect to two much-needed mental health programs targeted for the homeless. The first is a mobile, emergency psychiatric team, available to private shelters and drop-in centers, to provide crisis intervention, assistance in coordinating out-patient services, and facilitation of hospital admissions when necessary. This would greatly

lessen the need for costly police intervention in such matters. In addition, such a team would provide the clinical certifications needed to obtain SSI and SSD benefits, for which some homeless men and women can qualify once a residence has been obtained. This latter effort, in light of current and pending intensified federal review procedures, may need more vigorous attention than has been the case in the past. To that end, we recommend that a special Advocacy-for-Entitlement project be initiated, directed by legal advocates, whose task it would be to overcome obstacles to obtaining benefits and to combat unwarranted disqualifications under intensified review procedures. The Community Mental Health Law Project of East Orange, N. J., has an enviable track record in this respect, and has proven an able source of assistance to like-minded projects.

The second mental health effort currently under consideration is a second-tier shelter earmarked for psychiatrically disabled clients. As noted earlier, the State has given tacit approval to such an initiative. A number of difficult issues remain to be worked out: locating the necessary funds for acquisition and renovation of a suitable site; identifying workable eligibility criteria which avoid the stigmatizing effects that recreating the ward outside the hospital would entail, while at the same time recognizing that by virtue of mental instability many homeless individuals negotiate the public shelter system badly and find it particularly fearsome; coordinating this resource with the emergency shelters (private and public) already in

place; and staffing such a facility with personnel attuned to the special needs and sensitivities of people who have adapted to the rigors of street life.

STATE

(1) It is the duty of the State Department of Social Services to protect the rights of all shelter residents by enforcement of shelter regulations promulgated December 1, 1981. At present, only the Men's Shelter at 8 East 3rd Street and the Women's Shelter on 350 Lafayette Street are certified (letter from DSS Commissioner Blum to HRA Commissioner Krauskopf, February 23, 1982). Special efforts should be made by the Department to see that the other facilities will meet certification requirements.

(2) The state should initiate a cooperative effort with the city and not-for-profit agencies to locate sources of funding for capitalization and operation of transitional accommodations and supportive residences (Tiers II and III). Special attention should be given to the disproportionate share of OMH funds used for in-patient psychiatric care (Bellamy, 1979) and the restrictions applied to Community Support Systems funding which disallow expenditures for acquisition and renovation (see (3) below). We applaud the State Legislature for completing action on the Special Needs Housing Bills (as this report goes to press). Two of the bills passed would authorize the State Department of Housing and Community Renewal to provide $4 million of direct capitalization grants to not-for-

profit groups and municipalities for the purpose of acquiring and renovating existing SRO buildings. A third bill amended the State Social Service Law to allow the Department to make similar grants to municipalities and not-for-profit groups to open shelters for the homeless. This Shelter Capitalization bill appropriates one million dollars this fiscal year in badly needed matching state funds.

The lobbying effort on behalf of the Special Needs Housing Bills was mounted by over fifty statewide organizations and was ultimately successful in the State Senate because it drew attention to the statewide problem of displacement of low-income tenants and the concomitant creation of newly homeless persons.

(3) The state government's self-confessed inability to locate capitalization monies for community facilities for the mentally disabled in a budget which exceeds $1 billion is at best baffling. The Office of Mental Health should be charged with opening a range of residential accommodations for the chronically mentally ill, including crisis, transitional and permanent quarters. The number of crisis residence beds operated by OMH should be expanded and the admission criteria revised to allow for their use by homeless persons who are at risk of deterioration or involuntary hospitalization. A Tier II shelter, offering intensified and differentiated services, as well as transitional accommodations, to psychiatrically disabled homeless persons should be established immediately, as proposed by the NYC Department of Mental Hygiene. The Parker Street Shelter in Boston is an example of this

type. The St. Francis residence is a paradigmatic instance of a Tier III facility and should be replicated as a community residence alternative. The original Community Support Service program mandate included appropriate housing for ex-patients as part of its domain of responsibility. It is high time this commitment became something more than an item of interest to future archival scholars.

(4) New funding mechanisms should be devised to provide enhanced public entitlements to meet the costs of long term accommodations for the homeless. In particular, the Department of Social Services should consider the establishment of a certification process for supportive residences for adults that will enable individual tenants to qualify for a level of SSI benefits beyond the $327 currently budgeted as a living-alone stipend. Acknowledging the kinds of supportive service features (if not shared dining facilities) that will characterize this housing stock, DSS should expeditiously amend its regulations to allow for additional state supplementation as already is the case with the Level I and Level II arrangements for residents of certified foster care for adults programs and adult homes ($390 and $590 respectively). This higher individual benefit level would make it possible for non-profit supportive residences to repay capitalization costs as well as meet operating expenses.

(5) The Governor's office should strongly support SRO preservation measures before the State Legislature. Proposed amendments to the extension of J-51 enabling legislation should be carefully considered

to prevent any further erosion of the SRO housing stock. Support should be given the Gottfried-Calandra anti-lockout and illegal eviction bill which would allow municipal police to intervene on the tenants' behalf when they are being locked out or illegally dispossessed of their homes.

(6) The public assistance allowance should be raised to a level which takes account of the eight years of inflation (in rents, fuel prices and general cost of living) that have passed since the last ceiling ($152 for a single individual) was set. Only in this way will formerly homeless people, once ready to assume household responsibilities of their own, be able to afford the necessary rents. This measure would also help stem the tide of building abandonment.

BEST COPY AVAILABLE

SUPREME COURT OF THE STATE OF NEW YORK

COUNTY OF NEW YORK

ROBERT CALLAHAN, CLAYTON W. FOX, THOMAS DAMIAN ROIG, JAMES HAYES, JAMES SPELLMAN and PAUL E. TOOLE, on their own behalves and on behalf of all others similarly situated, Plaintiffs, -against- HUGH L. CAREY, as Governor of the State of New York, BARBARA BLUM, as Commissioner of the New York State Department of Social Services, EDWARD I. KOCH, as Mayor of the City of New York, JAMES A. KRAUSKOPF, as Commissioner of the New York City Human Resources Administration, and CALVIN REID, as Director of the Shelter Care Center for Men, Defendants.	Index No.: 42582/79 FINAL JUDGMENT BY CONSENT

Plaintiffs Robert Callahan, Clayton Fox and Thomas Roig, having brought this action on October 2, 1979 challenging the sufficiency and quality of shelter for homeless men in New York City, and plaintiffs Callahan, Fox, Roig, James Hayes, James Spellman and Paul Toole, having filed their Amended Complaint on March 31, 1980, and defendants Hugh L. Carey, as Governor of the State of New York, and Barbara Blum, as Commissioner of the State of New York Department

of Social Services (the "State defendants"), having filed their Amended Answer on January 19, 1981 therein denying the material allegations of the Amended Complaint, and defendants Edward Koch, as Mayor of the City of New York, Stanley Brezenoff, as Administrator of the New York City Human Resources Administration, and Calvin Reid, as director of the Shelter Care Center for Men (the "Men's Shelter") (the "City defendants"), having filed their Amended Answer on January 19, 1981 therein denying the material allegations of the Amended Complaint, and plaintiffs and defendants by their respective attorneys, having consented to the entry of this Final Judgment without any final adjudication of any issue of fact or law herein and without this Final Judgment constituting any evidence or admission by any party hereto with respect to any such issue:

NOW, therefore, without final adjudication of any issue of fact or law herein and without this Final Judgment constituting any evidence or admission by any party hereto with respect to any issue, and upon consent of all parties, it is hereby

ORDERED, ADJUDGED and DECREED as follows:

Provision of Shelter

1. The City defendants shall provide shelter and board to each homeless man who applies for it provided

that (a) the man meets the need standard to qualify for the home relief program established in New York State; or (b) the man by reason of physical, mental or social dysfunction is in need of temporary shelter.

Shelter Standards

2. The City defendants shall provide shelter at facilities operated in accordance with the standards set forth in this paragraph as soon as practicable and not later than September 1, 1981. The term "shelter facility" refers to the Keener Building, Camp LaGuardia, the Men's Shelter and any other facility used by the City defendants to shelter homeless men. This paragraph does not apply to the Bowery lodging houses (Palace, Kenton, Union, Sunshine, Delevan and Stevenson) presently used by the City defendants to shelter homeless men (the "hotels"); if the City defendants choose to shelter homeless men in any additional Bowery lodging house, they will advise counsel for the plaintiffs and a good faith effort shall be made by plaintiffs and the City defendants to agree to operating standards for such facilities.

(a) Each resident shall receive a bed of a minimum of 30 inches in width, substantially constructed, in good repair and equipped with clean springs.

(b) Each bed shall be equipped with both a clean, comfortable, well-constructed mattress standard in size for the bed and a clean, comfortable pillow of average size.

(c) Each resident shall receive two clean sheets, a clean blanket, a clean pillow case, a clean towel, soap and toilet tissue. A complete change of bed linens and towels will be made for each new resident and at least once a week and more often as needed on an individual basis.

(d) Each resident shall receive a lockable storage unit.

(e) Laundry services shall be available to each resident not less than twice a week.

(f) A staff attendant to resident ratio of at least 2 per cent shall be maintained in each shelter facility at all times.

(g) A staff attendant trained in first aid shall be on duty in each shelter facility at all times.

(h) A minimum of ten hours per week of group recreation shall be available for each resident at each shelter facility.

(i) Residents shall be permitted to leave and to return to shelter facilities at reasonable hours and without hindrance.

(j) Residents of shelter facilities shall be provided transportation (public or private) to enable them to return to the site where they applied for shelter.

(k) Residents of shelter facilities shall be permitted to leave the facility by 7:00 a.m. if they so desire.

(l) Residents shall be permitted to receive and send mail and other correspondence without interception or interference.

(m) The City defendants shall make a good faith effort to provide pay telephones for use by the residents at each shelter facility. The City defendants shall bear any reasonable cost for the installation and maintenance of such telephones.

3. The capacity of shelter facilities shall be determined as follows:

(a) The capacity of newly constructed shelter facilities shall comply with the standards set forth in Appendix A, except

in cases of emergency need as defined in Appendix B.

(b) The City defendants shall disclose to plaintiffs' counsel any plan to convert an existing structure to a shelter facility and the intended capacity for that facility at least 30 days in advance of the implementation or execution of any such conversion plan. A reasonable capacity for each such facility shall be established. The standards set forth in Appendix A shall be used as guidelines in determining whether the planned capacity of the City defendants is reasonable.

(c) Effective December 31, 1981, the capacity of the Keener Building shall not exceed 416 except in cases of emergency need as defined in Appendix B, in which case the maximum number of men who may be sheltered in the Keener Building is 450. Between the date of entry of this judgment and December 31, 1981, the capacity of the Keener Building shall not exceed 450.

(d) The capacity of Camp LaGuardia shall comply -- by construction of new dormitory buildings -- with the standards set forth in Appendix A,

except in cases of emergency need as defined in Appendix B, as soon as practicable and not later than December 31, 1982, except that the individual rooms in the "Main Building" may be used as sleeping rooms for one person each. The construction start of such new dormitory buildings shall occur no later than March 1, 1982.

Bowery Lodging Houses

4. Hotels presently used by the City defendants shall meet the following standards at the time of entry of this judgment and the City defendants shall maintain such standards thereafter:

(a) Each resident shall receive a bed, a clean mattress, two clean sheets, one clean blanket, one clean pillow and one clean pillow case. A complete change of bed linens (sheets and pillow case) shall be made for each new resident and at least once a week and more often as needed on an individual basis.

(b) Each resident shall be supplied with a clean towel, soap and toilet tissue. A clean towel shall be provided to each new resident and towels shall be changed at least once a week and more often as needed on an individual basis.

(c) There shall be two trained security guards in the Palace Hotel between the hours of 8:00 p.m. and 4:00 a.m. and one trained security guard between the hours of 4:00 p.m. and 8:00 p.m., and 4:00 a.m. to 8:00 a.m. There shall be one trained security guard in the Kenton Hotel between the hours of 4:00 p.m. and 8:00 a.m. These security guards shall file with the City defendants incident reports on any incidents of violence or attempted violence occurring in the hotels.

(d) Showers shall be available at the Men's Shelter beginning at 7 a.m. and signs advising hotel residents of that fact shall be posted at the front desk in each hotel and at the door of each bathroom in each hotel. Persons showering at the Men's Shelter shall be provided adequate supervision (including safeguarding of personal property), a clean towel, soap and, if requested, a delousing agent.

(e) A lockable storage unit of adequate size to store personal property shall be available either at the Men's Shelter or at the hotels for each man sheltered by the City defendants at hotels.

(f) Heat shall be maintained in accordance with New York City guidelines for rental residences.

(g) Cleanliness shall be maintained throughout the hotels at all times.

Intake Centers

5. The City defendants shall accept applications for shelter at the Men's Shelter, 8 East Third Street, New York, New York and at 529 Eighth Avenue, New York, New York (the "central intake centers"). Applications for shelter shall be accepted at all times at the Men's Shelter, and applications for shelter shall be accepted at 529 Eighth Avenue between the hours of 5:00 p.m. and 1:00 a.m., seven days per week. The City defendants shall provide direct transportation to shelter facilities from the central intake centers to all homeless men for whom the City defendants must provide shelter pursuant to paragraph 1, supra. The 529 Eighth Avenue intake center, shall be opened as a central intake center not later than September 1, 1981.

6. The City defendants shall operate additional satellite intake centers on a 24-hour basis Monday through Friday at the following locations:

(a) Harlem Hospital Center, 506 Lenox Avenue, New York, New York;

(b) Kings County Hospital Center, 451 Clarkson Avenue, Brooklyn, New York;

(c) Lincoln Hospital, 234 East 149th Street, Bronx, New York; and

(d) Queens Hospital Center, 82-68 164th Street, Jamaica, New York.

Men seeking shelter at the satellite intake centers shall be provided adequate fare for public transportation and clear written directions to either (i) a shelter facility, or (ii) a central intake center -- according to the preference of the persons seeking shelter. The City defendants shall provide direct transportation from the satellite intake centers to a shelter facility to all men who appear so physically or mentally disabled that they are unable to reach a shelter facility by public transportation. Satellite intake centers shall be opened not later than September 1, 1981. It is understood that the above satellite intake centers shall be operated in conjunction with borough crisis centers. In the event that the borough crisis center program is terminated, the City defendants may, in their discretion, reduce the hours of operation of the satellite intake centers to between 5 p.m. and 1 a.m.

7. The City defendants shall accept applications for shelter at shelter facilities providing that such applicants have applied for and have been found eligible for

shelter by the City defendants within six months of the time of application at a shelter facility. Shelter facilities shall also provide shelter for one night to any person who has not previously applied for shelter who seeks shelter at a shelter facility after 8:00 p.m.

Community Participation

8. Each shelter facility, central intake center and satellite intake center, shall utilize the services of available community members to the maximum reasonable extent. These persons are not City employees or volunteers in a City sponsored program within the meaning of section 50(k) of the General Municipal Law and such persons shall execute statements to this effect.

Information

9. The City defendants shall provide applicants for shelter with clear written information concerning other public assistance benefits to which they may be entitled at the time applicants apply for shelter.

Compliance Monitoring

10. Defendant Krauskopf shall appoint qualified employees with no administrative responsibility for providing shelter to monitor defendants' shelter care program for men with respect to compliance with this decree. These employees shall visit each shelter facility, central intake center, satellite intake center and hotel at least twice a month and will submit to defendant Krauskopf a written report at least

twice a month describing compliance or lack thereof with each provision of this decree. These reports shall be made available to plaintiffs' counsel upon reasonable notice.

11. Plaintiffs' representatives shall have full access to all shelter facilities, central intake centers and satellite intake centers, and plaintiffs' counsel shall be provided access to any records relevant to the enforcement and monitoring of this decree.

12. Defendant Krauskopf shall deliver by hand each day to plaintiffs' counsel a statement listing:

(a) the number of men who applied for shelter at each central intake center and at each satellite intake center;

(b) the number of men who were provided shelter at each shelter facility or hotel;

(c) the number of men who were denied shelter at each shelter facility, central intake center and satellite intake center and the reason for each such denial;

(d) the number of men who were accepted for shelter at each central intake center and satellite intake center who did not reach a shelter facility; and

(e) the number of men who were provided direct transportation from each satellite intake center to a shelter facility.

13. It is the intention of defendant Krauskopf to conduct daily inspections of the Palace Hotel and to deliver reports of such inspections each day to plaintiffs. It is also the intention of defendant Krauskopf to conduct inspections of the other hotels used by defendants to shelter homeless men not less than three times per week and to deliver reports of such inspections not less than three times a week to plaintiffs' counsel. A sample of the inspection report form to be used is attached hereto as Exhibit C.

No Waivers

14. Nothing in this judgment permits any person, not-for-profit corporation, charitable organization, or governmental entity or subdivision to operate a shelter, as defined in New York Code of Rules and Regulations, Title 18, § 485.2(c), in violation of the requirements of the New York Social Services Law, Title 18, of the New York Code of Rules and Regulations, or any other applicable law.

15. Nothing in this judgment should operate or be construed as res judicata or collateral estoppel so as to foreclose any signatory party from any claim or defense in any subsequent administrative or judicial proceeding.

16. Nothing in this judgment shall be deemed to authorize or to prevent the operation by the New York City Human Resources Administration of the Keener Building on

Wards Island as a shelter or shelter facility after October 15, 1981, except in accord with a valid contract or agreement among the New York State Department of Social Services, the New York State Office of Mental Health and the New York City Human Resources Agency and with an operating certificate issued by the New York State Department of Social Services.

17. The Commissioner of the New York State Department of Social Services agrees to reimburse the New York City Human Resources Agency for the operation of a shelter facility or shelter facilities referred to in this judgment pursuant to New York Social Services Law § 153, except if such shelter facility fails to comply with the requirements for shelters contained in the New York Social Services Law or the New York Code of Rules and Regulations, Title 18; provided that nothing in this judgment can or does obligate the Legislature of the State of New York to appropriate funds.

18. Nothing in this judgment shall prevent, limit or otherwise interfere with the authority of the Commissioner of the New York State Department of Social Services to enforce and carry out her duties under the New York Social Services Law, Title 18, of the New York Code of Rules and Regulations, or any other applicable law.

Continuing Jurisdiction

19. Jurisdiction is retained by this Court for the purpose of enabling any of the parties to this Final Judgment to apply to this Court at any time for such further orders and directions as may be necessary or appropriate for the construction, modification, or termination of this entire judgment or of any applicable provisions thereof, for the enforcement of compliance therewith, and for the punishment of violations thereof.

Dated: New York, New York
August 26, 1981

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So ordered:

_____
J.S.C.

Appendix A

Space Requirements for Shelters for Adults

(1) Every facility shall have space for dining and leisure activities.

(2) Sleeping areas shall not be considered as dining or leisure areas.

(3) Space provided for dining shall be:

(i) at least 120 square feet in facilities with a certified bed capacity of less than 10 beds;

(ii) at least 12 square feet for each additional certified bed.

(4) Space provided for leisure areas shall be:

(i) at least 120 square feet in facilities with a certified bed capacity of less than 10 beds.

(ii) at least 12 square feet per bed in facilities with a certified bed capacity of 10 or more beds.

(5) When not in use, dining space may be used, with written approval from the New York State Department of Social Services ("Department"), as leisure space.

(6) An operator may request Department approval of a waiver to reduce the square footage requirements for dining and leisure space.

A waiver shall be granted only upon demonstration by the operator that the food service and the program needs of residents can be met.

(7) Baths and Toilet Facilities

There shall be a minimum of one toilet and one lavatory for each six residents and a minimum of one tub or shower for each ten residents.

(8) Sleeping Rooms

(i) in single occupancy sleeping rooms, a minimum of 80 square feet per resident shall be provided;

(ii) in sleeping rooms for two or more residents, a minimum of 60 square feet per resident shall be provided;

(iii) a minimum of 3 feet, which is included in the per resident minima, shall be maintained between beds and for aisles;

(iv) partitions separating sleeping areas from other areas shall be ceiling high and smoke tight;

(v) all bedrooms shall be:

(a) above grade level;

(b) adequately lighted;

(c) adequately ventilated;

(vi) light and ventilation for bedrooms shall be by means of windows in an outside wall;

(vii) bedrooms shall open directly into exit corridors;

(viii) bedrooms may not be used as a passageway, corridor or access to other bedrooms.

(9) Adequate storage space for cleaning supplies and equipment shall be provided.

Appendix B

Short term emergency shelter may be provided to a number of persons in excess of the capacity of the facility provided that all of the following conditions are met:

(1) Snow emergencies, excessive cold or other similar circumstances create an emergency need for additional shelter space;

(2) The operator is able to meet the food and shelter needs of all persons in residence;

(3) The facility remains in compliance with applicable local building, fire protection and health and sanitation codes;

(4) The operator advises plaintiffs' counsel of the maximum number of persons to be cared for during an emergency situation in any facility as soon as possible after an emergency situation develops;

(5) The operator provides shelter to additional persons no more than 30 days in any calendar year; and

(6) The operator maintains records which document adherence to these conditions.

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Appendix C

Date:_____ SERVICE OPERATIONS Time:_____

Bureau of Adult Rehabilitational Services
_____ HOTEL 60 Hudson Street
New York, New York 10013

HOTEL EVALUATION REVIEW BY OBSERVATION (H.E.R.O.)

Floors	Clean	Dirty	Beds With Linens	Beds With No Linens	Mattresses	Pillows
1st.	___	___	_____	_____	_____	_____
2nd.	___	___	_____	_____	_____	_____
3rd.	___	___	_____	_____	_____	_____
4th.	___	___	_____	_____	_____	_____
5th.	___	___	_____	_____	_____	_____
1st.	___	___	_____	_____	_____	_____
2nd.	___	___	_____	_____	_____	_____
3rd.	___	___	_____	_____	_____	_____

Bathroom Inspection

	Number Working	Number Not Working
Sinks	_____	_____
Showers	_____	_____
Toilets	_____	_____
Urinals	_____	_____

Floors

1st.___	1st.___
2nd.___	2nd.___
3rd.___	3rd.___
4th.___	
5th.___	

All working, no problems._____

If problems, describe._____

_____

_____

Cleanliness of facility, Satisfactory_____
Unsatisfactory_____

If unsatisfactory, explain._____

_____

_____

_____

Other observations, or comments._____

_____

_____

_____

_____

Vacancies:_____ Time:_____ Full house:_____ Time:_____

Total ticket men:_____

Follow up action taken._____

_____

_____

Inspectors Names:_____

_____ Date:_____

Security Inspection

Was Security Guard present during Inspection Visit? Yes____ No____

If no, explain._____

Is Guard making rounds with watchman? Yes____ No____

If no, explain._____

Was Guard in uniform? Yes____ No____

If no, explain._____

Was Guard alert (awake) during Inspection Visit? Yes____ No____

If no, discuss._____

_____

Was Guard co-operative? Yes____ No____

If no, describe his attitude._____

_____

_____

From your observation is the Guard familiar with the physical layout of the premises - exits, fire escapes, etc. Yes____ No____

If no, why?_____

Instructions:

Inspector is to be polite, and courteous to all Hotel Staff, at all times re-gardless of their conduct.

Inspector is to check the Hotel he is inspecting thoroughly.

Inspector is to check the appropriate box in regard to the various factors evaluated.

Inspector is to sign his signature at end of tour and submit one (1) copy to Hotel Manager;

Inspector will submit the other two copies of his report to the Director of his location, who in turn will review/monitor sign-off his review and remit to Bureau of Adult Institutional Services Central Office; one (1) copy. He, the Director is to retain one copy for his files.

Directors Review/Signature:_____